



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

/ /

AGENCY LST INSURANCE AGENCY PO BOX 2665 DALTON GA 30721-	PHONE (A/C, No, Ext): (706) 277-0971	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
FAX (A/C, No): (706) 277-0976	E-MAIL ADDRESS:	POLICY NUMBER	POLICY TYPE	REFERENCE NUMBER	CAT #		
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	AM	PREVIOUSLY REPORTED	
AGENCY CUSTOMER ID:		/ /	/ /	/ /	PM	YES NO	

INSURED		CONTACT		<input checked="" type="checkbox"/> CONTACT INSURED	
NAME AND ADDRESS	SOC SEC # OR FEIN:	NAME AND ADDRESS	WHERE TO CONTACT		
					WHEN TO CONTACT
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)		
() -	() -	() -	() -		

LOSS	LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED:	VIOLATIONS/CITATIONS
	-	REPORT #:	
	DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)		

POLICY INFORMATION	BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc)
	LOSS PAYEE					COLLISION DED	
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC	SIR/ DED

INSURED VEHICLE							
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	PLATE NUMBER	STATE
OWNER'S NAME & ADDRESS						RESIDENCE PHONE (A/C, No):	() -
						BUSINESS PHONE (A/C, No, Ext):	() -
DRIVER'S NAME & ADDRESS						RESIDENCE PHONE (A/C, No):	() -
						BUSINESS PHONE (A/C, No, Ext):	() -
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER		STATE	PURPOSE OF USE	USED WITH PERMISSION?	
	/ /					YES NO	
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE		

PROPERTY DAMAGED VEHICLE?							
DESCRIBE PROPERTY (If auto, year, make, model, plate #)				OTHER VEH/PROP INS?	COMPANY OR AGENCY NAME:		
				YES NO	POLICY #:		
OWNER'S NAME & ADDRESS						RESIDENCE PHONE (A/C, No):	() -
						BUSINESS PHONE (A/C, No, Ext):	() -
OTHER DRIVER'S NAME & ADDRESS						RESIDENCE PHONE (A/C, No):	() -
						BUSINESS PHONE (A/C, No, Ext):	() -
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?					

INJURED							
NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY	
	() -						
	() -						

WITNESSES OR PASSENGERS							
NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)			
	() -						
	() -						

REMARKS (Include adjuster assigned)			
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER