



# AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)  
**05/24/2024**

AGENCY <b>AGENCY NAME</b> 123 Main St #234 San Francisco CA, 94106		INSURED LOCATION CODE Insured Location Code	DATE OF LOSS AND TIME <b>05/24/2024</b>   <b>Loss</b>	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
CONTACT NAME: <b>Robin W. Smith</b>		CARRIER <b>CARRIER</b>	TIME NAIC CODE	
PHONE (A/C. No. Ext): <b>(555) 444-3333</b>		POLICY NUMBER <b>Policy Number</b>		
FAX (A/C. No.): <b>(555) 444-3333</b>		LINE OF BUSINESS Agency Line of Business		
E-MAIL ADDRESS: <b>testy@example.com</b>				
CODE: Agency Code	SUBCODE: Agency Subcode			
AGENCY CUSTOMER ID: <b>AGENCY CUSTOMER ID</b>				

INSURED NAME OF INSURED (First, Middle, Last) <b>Robin W Smith</b>			INSURED'S MAILING ADDRESS <b>123 Main St #234</b> <b>San Francisco CA, 94106</b>	
DATE OF BIRTH <b>05/24/2024</b>	FEIN (if applicable) 89-7654321	MARITAL STATUS / CIVIL UNION (if applicable) <b>Insured Marital</b>		
PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>(555) 444-3333</b>	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>(555) 444-3333</b>	STATUS/CIVIL <b>Status/Civil</b>	PRIMARY E-MAIL ADDRESS: <b>testy@example.com</b>	
			SECONDARY E-MAIL ADDRESS: <b>testy@example.com</b>	

CONTACT <input checked="" type="checkbox"/> CONTACT INSURED			CONTACT'S MAILING ADDRESS <b>123 Main St #234</b> <b>San Francisco CA, 94106</b>	
NAME OF CONTACT (First, Middle, Last) <b>Robin W Smith</b>				
PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>(555) 444-3333</b>	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL <b>(555) 444-3333</b>	PRIMARY E-MAIL ADDRESS: <b>testy@example.com</b>		
WHEN TO CONTACT Contact - When to Contact			SECONDARY E-MAIL ADDRESS: <b>testy@example.com</b>	

LOSS LOCATION OF LOSS STREET: <b>123 Main St #234</b>		POLICE OR FIRE DEPARTMENT CONTACTED Loss Police or Fire Department Contacted		
CITY, STATE, ZIP: <b>San Francisco CA 94106</b>		REPORT NUMBER <b>Loss Report Number</b>		
COUNTRY:				
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS: <b>Loss Location Description</b>				
DESCRIPTION OF ACCIDENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) <b>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.</b>				

INSURED VEHICLE VEH # <b>Insured</b>		YEAR <b>2024</b>	MAKE: <b>Insured Vehicle Make</b>	BODY TYPE: <b>Insure Vehicle Body Type</b>	PLATE NUMBER <b>Insure</b>	STATE <b>123</b>
MODEL: <b>Insured Vehicle Model</b>		V.I.N.: <b>Insured Vehicle VIN</b>		VEHICLE PLATE NUMBER <b>Vehicle Plate Number</b>		
OWNER'S NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if same as insured) <b>Robin W. Smith</b> 123 Main St #234 San Francisco CA, 94106		PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>(555) 444-3333</b>	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>(555) 444-3333</b>	PRIMARY E-MAIL ADDRESS: <b>testy@example.com</b>		
DRIVER'S NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if same as owner) <b>Robin W. Smith</b> 123 Main St #234 San Francisco CA, 94106		PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>(555) 444-3333</b>	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>(555) 444-3333</b>	PRIMARY E-MAIL ADDRESS: <b>testy@example.com</b>		
RELATION TO INSURED (Employee, family, etc.) <b>Driver Relation To</b>	DATE OF BIRTH <b>05/24/2024</b>	DRIVER'S LICENSE NUMBER <b>DRIVERS LICENSE NUMBER</b>	STATE <b>12-</b>	PURPOSE OF USE <b>Insured Vehicle Purpose</b>	USED WITH PERMISSION? (Y/N) <b>Used With Permission -</b>	
DESCRIBE DAMAGE <b>Insured Vehicle Description of Damage</b>						
1. WAS A STANDARD CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) INSTALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT? <input checked="" type="checkbox"/> Y / N						
2. WAS THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) IN USE BY A CHILD DURING THE TIME OF THE ACCIDENT? <input checked="" type="checkbox"/> Y / N						
3. DID THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) SUSTAIN A LOSS AT THE TIME OF THE ACCIDENT? <input checked="" type="checkbox"/> Y / N						
ESTIMATE AMOUNT: <b>\$12,345.67</b>		WHERE CAN VEHICLE BE SEEN?: <b>123 Main St #234, San Francisco CA, 94106</b>		WHEN CAN VEHICLE BE SEEN?: <b>When Can Vehicle Be Seen</b>		
OTHER INSURANCE ON VEHICLE - CARRIER: <b>Other Insurance On Vehicle</b>				POLICY NUMBER: <b>Policy Number</b>		

OTHER VEHICLE / PROPERTY DAMAGED NON - VEHICLE?

AGENCY CUSTOMER ID: AGENCY CUSTOMER ID

VEH # Oth-	YEAR 2024	MAKE: Other Vehicle - Make	BODY TYPE: Other Vehicle - Body Type	PLATE NUMBER Other	STATE 123
		MODEL: Other Vehicle - Model	V.I.N.: Other Vehicle - VIN Serial		
DESCRIBE PROPERTY (Other Than Vehicle) Other Vehicle - Property Description				VEHICLE/PROP INST Plate <input checked="" type="checkbox"/>	INST n St
CARRIER OR AGENCY NAME Other Vehicle - Carrier or Agency Name		NAIC CODE Other	POLICY NUMBER Other Vehicle - Policy Number		
OWNER'S NAME AND ADDRESS Robin W. Smith 123 Main St #234 San Francisco CA, 94106		Vehicle - Naic Code	PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	Francis-
			PRIMARY E-MAIL ADDRESS: testy@example.com		
			SECONDARY E-MAIL ADDRESS: testy@example.com		
DRIVER'S NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if same as owner) Robin W. Smith 123 Main St #234 San Francisco CA, 94106			PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 444-3333	06
			PRIMARY E-MAIL ADDRESS: testy@example.com		
			SECONDARY E-MAIL ADDRESS: testy@example.com		
DESCRIBE DAMAGE Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.					
ESTIMATE AMOUNT Other	WHERE CAN DAMAGE BE SEEN? Other Vehicle - Where Can Damage Be Seen				

ESTIMATE AMOUNT	NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
Amount	Robin W. Smith 123 Main St #234 San Francisco CA, 94106	(555) 444-3333	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Vehicle	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.
	Robin W. Smith 123 Main St #234 San Francisco CA, 94106	(555) 444-3333	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Vehicle	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.
	Robin W. Smith 123 Main St #234 San Francisco CA, 94106	(555) 444-3333	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Vehicle	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.
	Robin W. Smith 123 Main St #234 San Francisco CA, 94106	(555) 444-3333	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Vehicle	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

WITNESSES OR PASSENGERS	NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	Age	OTHER (Specify)
	Robin W. Smith 123 Main St #234 San Francisco CA, 94106	(555) 444-3333	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.
	Robin W. Smith 123 Main St #234 San Francisco CA, 94106	(555) 444-3333	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.
	Robin W. Smith 123 Main St #234 San Francisco CA, 94106	(555) 444-3333	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

REPORTED BY Other Vehicle Reported By	REPORTED TO Other Vehicle Reported To
--	--

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

**Applicable in Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Applicable in Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Applicable in Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Applicable in Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in California:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in the District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Applicable in Hawaii:** Any person who intentionally or knowingly misrepresents or conceals material facts, opinions, intention, or law to obtain or attempt to obtain coverage, benefits, recovery, or compensation commits the offense of insurance fraud which is a crime punishable by fines or imprisonment or both.

**Applicable in Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Applicable in Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Applicable in Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Applicable in Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Michigan:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in Nevada:** Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a category D felony.

**Applicable in New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**Applicable in New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Applicable in New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Applicable in New York:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**Applicable in Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in Oregon:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in Pennsylvania:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Applicable in Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Applicable in Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Applicable in West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.