

AUTOMOBILE LOSS NOTICE

PRODUCER INFO

Date (MM/DD/YYYY): _____

Agency: Name: _____	
Address: _____	
City/State/Zip: _____	E-Mail Address: _____
Phone (A/C, No, Ext): _____	Fax (A/C, No): _____
Code: _____	Sub Code: _____
Agency Customer ID: _____	
Company: Name: <u>RLI Insurance</u> NAIC Code: _____	
Policy Number: _____ Eff. Date: _____ Exp. Date: _____	
Miscellaneous Info (Site & Location Code): _____	
Reference Number/Claim Number: _____	CAT Number: _____
Date Of Accident: _____	Time Of Accident: _____
AM: <input type="checkbox"/>	PM: <input type="checkbox"/>
Previously Reported: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

INSURED

Name: _____	FEIN Number: _____
Address: _____	City/State/Zip: _____
Residence Phone (A/C, No): _____	Business Phone (A/C, No, Ext): _____
Cell Phone (A/C, No): _____	E-Mail Address: _____
Contact Name: _____	Contact E-Mail Address: _____
Residence Phone (A/C, No): _____	Business Phone (A/C, No, Ext): _____
Cell: _____	

LOSS FACTS

Location Of Accident (Include City & State): _____		
Authority Contacted: _____	Report Number: _____	Violations: _____
Description Of Accident (Use Separate Sheet If P necessary):		

INSURED VEHICLE

Vehicle Number: _____	Year: _____	Make: _____	Model: _____	Body Type: _____
V.I.N.: _____	Plate Number: _____	State: _____		
Owner's Name: _____				
Address: _____		City/State/Zip: _____		
Residence Phone (A/C, No): _____	Business Phone (A/C, No, Ext): _____	Cell: _____		
Driver's Name: _____				Check If Same As Owner: <input type="checkbox"/>
Address: _____		City/State/Zip: _____		
Residence Phone (A/C, No): _____	Business Phone (A/C, No, Ext): _____	Cell: _____		
Relation To Insured (Employee, Family, Etc.): _____			Date Of Birth: _____	
Driver's License Number: _____			State: _____	
Purpose Of Use: _____			Used With Permission? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Describe Damage: _____				

Estimate Amount: _____	Where Can Vehicle Be Seen? _____	When Can Vehicle Be Seen? _____		
Ask Insured or Insured Contact if they want to file a claim for damages to Insured Vehicle Yes: <input type="checkbox"/> No: <input type="checkbox"/>				
Other Insurance On Vehicle: _____				

CLAIMANT VEHICLE/PROPERTY DAMAGEDVehicle? Yes: No:

Year: _____ Plate Number: _____ Make: _____ Model: _____
 Describe Property (Other Than Vehicle): _____ Other Veh/Prop Ins? Yes: No:
 Company Or Agency Name: _____ Policy Number: _____
 Owner's Name: _____
 Address: _____ City/State/Zip: _____
 Residence Phone (A/C, No): _____ Business Phone (A/C, No, Ext): _____
 Driver's Name: _____ Date of Birth _____ Check If Same As Owner:
 Address: _____ City/State/Zip: _____
 Residence Phone (A/C, No): _____ Business Phone (A/C, No, Ext): _____
 Describe Damage: _____
 Estimate Amount: _____ Where Can Damage Be Seen? _____

INJURED

Name	Address	DOB	Phone Number	PED	INS VEH	OTH VEH	Extent Of Injury
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WITNESSES

Name	Address	DOB	Phone Number	INS VEH	OTH VEH	Other (Specify)
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

PASSENGERS

Name	Address	DOB	Phone Number	INS VEH	OTH VEH	Other (Specify)
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

Reported By: _____ Reported To: _____
 Signature Of Insured: _____ Signature Of Producer: _____
 Date (MM/DD/YYYY): _____ Date (MM/DD/YYYY): _____

REMARKS (Include Adjuster Assigned)

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, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania, Tennessee, Virginia and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another 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, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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 felony.

Applicable in New Hampshire

Any person who, with 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 Ohio

Any person who, with intent to defraud or knowing that he/she 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.