

ACORD™ AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext): 800-530-7088 FAX (A/C, No): 410-290-2939 HUMAN SERVICES BENEFITS COMPANY 6750 ALEXANDER BELL DRIVE SUITE 100 COLUMBIA, MD 21046	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)		
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	AM	PREVIOUSLY REPORTED
AGENCY CUSTOMER ID:					PM	YES <input type="checkbox"/> NO <input type="checkbox"/>
POLICY NUMBER		POLICY TYPE		REFERENCE NUMBER	CAT #	

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS		NAME AND ADDRESS		WHERE TO CONTACT	
SOC SEC # OR FEIN:					
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)	
				BUSINESS PHONE (A/C, No, Ext)	
				WHEN TO CONTACT	

LOSS	
LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED: REPORT #:
VIOLATIONS/CITATIONS	
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:	BODY TYPE:	PLATE NUMBER	STATE	
		MODEL:	V.I.N.:			
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):	
(Check if same as owner)						
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 VEH BE SEEN?	OTHER INSURANCE ON VEHICLE		

PROPERTY DAMAGED VEHICLE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
DESCRIBE PROPERTY (If auto, year, make, model, plate #)		OTHER VEH/PROP INS? YES <input type="checkbox"/> NO <input type="checkbox"/>	COMPANY OR AGENCY NAME:
		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):	
(Check if same as owner)		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

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, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, Pennsylvania, Tennessee and 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 civil penalties. In DC, LA, ME, TN and VA insurance benefits may also be denied.

Applicable in California

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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 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/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.

Submitter's Contact Information

If this form is being submitted by someone other than the Insured, please provide the submitter's contact information below.

Company Name

Contact Person

Address

Phone

Fax

Email