

# ACORD™ AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YY)

<b>PRODUCER</b> PHONE (A/C, No, Ext): (312) 915-2200 JMB Insurance Agency, Inc. 900 N. Michigan Avenue, Suite Chicago IL 60611	<b>COMPANY</b> NAIC CODE:	<b>MISCELLANEOUS INFO</b> (Site & location code)
<b>CODE:</b> AGENCY CUSTOMER ID:	<b>SUB CODE:</b>	<b>EFFECTIVE DATE</b> <b>EXPIRATION DATE</b> <b>DATE OF ACCIDENT AND TIME</b>
<b>POLICY NUMBER</b>		<b>REFERENCE NUMBER</b> <b>CAT #</b>
<b>PREVIOUSLY REPORTED</b> YES    NO		AM    PM

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

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

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

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

<b>PROPERTY DAMAGED</b>	Is	Is Not A Vehicle
<b>DESCRIBE PROPERTY</b> (If auto, year, make, model, plate #)	<b>OTHER VEH/PROP INS?</b> YES    NO	<b>COMPANY OR AGENCY NAME:</b> <b>POLICY #:</b>
<b>OWNER'S NAME &amp; ADDRESS</b>		<b>RESIDENCE PHONE</b> (A/C, No): <b>BUSINESS PHONE</b> (A/C, No, Ext):
<b>OTHER DRIVER'S NAME &amp; ADDRESS</b> (Check if same as owner)		<b>RESIDENCE PHONE</b> (A/C, No): <b>BUSINESS PHONE</b> (A/C, No, Ext):
<b>DESCRIBE DAMAGE</b>	<b>ESTIMATE AMOUNT</b>	<b>WHERE CAN DAMAGE BE SEEN?</b>

<b>INJURED</b>						
<b>NAME &amp; ADDRESS</b>	<b>PHONE</b> (A/C, No)	<b>PED</b>	<b>INS VEH</b>	<b>OTH VEH</b>	<b>AGE</b>	<b>EXTENT OF INJURY</b>

<b>WITNESSES OR PASSENGERS</b>				
<b>NAME &amp; ADDRESS</b>	<b>PHONE</b> (A/C, No)	<b>INS VEH</b>	<b>OTH VEH</b>	<b>OTHER (Specify)</b>

<b>REMARKS</b> (Include adjuster assigned)			
<b>REPORTED BY</b>	<b>REPORTED TO</b>	<b>SIGNATURE OF INSURED</b>	<b>SIGNATURE OF PRODUCER</b>