

**AUTOMOBILE LIABILITY LOSS NOTICE**

Date (MM/DD/YY)

<b>Producer</b>	Phone: 888-654-6686	<b>Company</b> Insurance Company State of Pennsylvania	<b>Miscellaneous Info (Site &amp; location code)</b>		
Marsh, Inc. 1717 Main Street 4400 Bank One Center Dallas, Texas 75201	<b>Policy Number</b> WR 10005646		<b>Claim Number</b>		<b>Cat #</b>
	<b>Effective Date</b> 08/01/2008	<b>Expiration Date</b> 08/01/2009	<b>Date and Time of Accident</b>		<b>Previously Reported</b>
			<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Insured</b>		<b>Contact</b>		<input type="checkbox"/> <b>Contact Insured</b>	
<b>Name and Address</b>		<b>Name and Title</b>		<b>When to Contact</b>	
				<b>When to Contact</b>	
<b>Fax Phone</b>	<b>Business Phone</b>	<b>Mobile Phone</b>	<b>Pager Phone</b>		

<b>Loss</b>			
<b>Location of Accident (Include city &amp; state)</b>		<b>Authority Contacted</b>	<b>Violations/Citations</b>
		<b>Report #:</b>	
<b>Description of Accident (Use reverse side, if necessary)</b>			

<b>Policy Information</b>						
<b>Bodily Injury (Per Person)</b>	<b>Bodily Injury (Per Accident)</b>	<b>Property Damage</b>	<b>Single Limit</b>	<b>Medical Payment</b>	<b>OTC Deductible</b>	<b>Other Coverage &amp; Deductibles (UM, no-fault, towing, etc.)</b>
			1,000,000	\$25,000		Statutory Minimum as required
<b>Loss Payee</b>					<b>Collision Deductible</b>	
<b>Umbrella/Excess</b>	<b>Umbrella</b>	<b>Excess</b>	<b>Carrier</b>	<b>Limits</b>	<b>Per Claim</b>	<b>Per Occur</b>

<b>Insured Vehicle</b>							
<b>Veh #</b>	<b>Year</b>	<b>Make:</b>	<b>Body Type:</b>		<b>Plate Number</b>	<b>State</b>	
		<b>Model:</b>	<b>V.I.N.</b>				
<b>Owner's Name and Address</b>					<b>Residence Phone:</b>		
					<b>Business Phone:</b>		
<b>Driver's Name and Address</b>					<b>Residence Phone:</b>		
<input type="checkbox"/> (Check if same as Owner)					<b>Business Phone:</b>		
<b>Relation to Insured (Employee, family, etc.)</b>	<b>Date of Birth</b>	<b>Driver's License Number</b>	<b>State</b>	<b>Purpose of Use:</b>	<b>Used with Permission</b>		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Describe Damage</b>		<b>Estimate Amount</b>	<b>Where can vehicle be seen?</b>	<b>When can vehicle be seen?</b>	<b>Other insurance on vehicle?</b>		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Property Damage</b>			
<b>Describe Property</b>		<b>Other Vehicle/Prop Ins?</b>	<b>Company or Agency Name</b>
		<input type="checkbox"/> Yes	<b>Policy #</b>
<b>(If auto, year, make, model, plate #)</b>		<input type="checkbox"/> No	
<b>Owner's Name and Address</b>		<b>Residence Phone:</b>	
		<b>Business Phone:</b>	
<b>Other Driver's Name and Address</b>		<b>Residence Phone:</b>	
<input type="checkbox"/> (Check if same as Owner)		<b>Business Phone:</b>	
<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>	<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>	<b>Ins Veh</b>	<b>Oth Veh</b>	<b>Other (Specify)</b>

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**Remarks (Include adjuster assigned)**  
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**Reported By**

**Reported To**

**Report to: AIG Claim Services - 8144 Walnut Hill Lane, Suite 1400 - Dallas, TX 75231**  
**Phone No: 1-888-969-6753      Fax No: (214) 932-2208**