



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): (314) 373-2900 The Cornerstone Insurance Group, LLC 721 Emerson Road, Ste. 500 St Louis MO 63141	COMPANY NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
FAX (A/C, No): (314) 373-2901	POLICY NUMBER	POLICY TYPE BOP	REFERENCE NUMBER	CAT #	
E-MAIL ADDRESS: codyw@cornerstoneinsurancegroup.com	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	PREVIOUSLY REPORTED	
CODE: 240549	SUB CODE:			AM	YES
AGENCY CUSTOMER ID: 00000067				PM	NO

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

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

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)	
								1,000,000							
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):							
(Check if same as owner)				BUSINESS PHONE (A/C, No, Ext):							
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER		STATE	PURPOSE OF USE	USED WITH PERMISSION?					
						YES NO					
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE						

PROPERTY DAMAGED VEHICLE?		YES	NO								
DESCRIBE PROPERTY (If auto, year, make, model, plate #)			OTHER VEH/PROP INS?	COMPANY OR AGENCY NAME:							
			YES	NO	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					