



A.I.G. Associated Insurance Group
 150 Weldon Pkwy.
 Maryland Heights, Mo 63043
 P:314-432-1818 F:314-432-3100

ACORD™ AUTOMOBILE LOSS NOTICE DATE (MM/DD/YYYY) / /

PRODUCER	PHONE (A/C, No, Ext): (314) 432-1812 FAX (A/C, No): (314) 432-3100	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)
Associated Insurance Group 150 Weldon Pkwy Maryland Heights MO 63043-		POLICY NUMBER	POLICY TYPE	REFERENCE NUMBER
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME
AGENCY CUSTOMER ID:		/ /	/ /	/ / : : AM PM
				PREVIOUSLY REPORTED YES NO

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

LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED:	VIOLATIONS/CITATIONS
-	REPORT #:	
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): () -					
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): () -	
		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