



AUTOMOBILE LOSS NOTICE

OP ID CT
DATE (MM/DD/YYYY)

AGENCY KLEIN INS. GROUP OF MADISON 702 N. HIGH POINT RD., STE 201 PO BOX 45470 MADISON WI 53744-5470 Patricia L. Bluel FAX (A/C, No): 608-831-4777 E-MAIL ADDRESS:		PHONE (A/C, No, Ext): 608-831-9700	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)		
CODE:		SUB CODE:	POLICY NUMBER	POLICY TYPE	REFERENCE NUMBER	CAT #	
AGENCY CUSTOMER ID: TESTJ01		EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME	AM	PREVIOUSLY REPORTED	
					PM	YES	NO

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

LOSS		AUTHORITY CONTACTED:		VIOLATIONS/CITATIONS	
LOCATION OF ACCIDENT (Include city & state)		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):		
DRIVER'S NAME & ADDRESS			BUSINESS PHONE (A/C, No, Ext):		
(Check if same as owner)			RESIDENCE PHONE (A/C, No):		
RELATION TO INSURED (Employee, family, etc.)			BUSINESS PHONE (A/C, No, Ext):		
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
OWNER'S NAME & ADDRESS		POLICY #:	
OTHER DRIVER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):	
(Check if same as owner)		BUSINESS PHONE (A/C, No, Ext):	
		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
			Patricia L Bluel