

# American Modern Insurance Loss Notice

Date: \_\_\_\_\_

Policy Number	Producer	Producer Phone			
Effective Date		Agency #			
Expiration Date:					
Date of Accident	Time of Accident		AM	Previously Reported?	
			PM		Yes
					No

Insured		Contact		Contact Insured?		Yes	No
Name and Address		Name and Address		Where to Contact			
Home Phone	Business Phone	Home Phone	Business Phone	When to Contact			

Loss		
Location of Accident (Include city and state)	Authority Contacted:	Violations/Citations:
	Report #:	
Description of Accident (Use Separate Sheet, if necessary)		

Insured Vessel					
Year	Make:	Length:	Registration #	State	
	Model:	HIN:			
Owner's Name and Address:			Loss Payee:		
Home Phone:		Business Phone:			
Driver's Name and Address:			Relation to Insured (Employee, family, etc.)	Date of Birth	
Home Phone:		Business Phone:		Driver's License #	State
Describe Damage:		Estimate Amount:	Purpose of Use:	Used with Permission:	
					Yes
					No
Where Can Vessel Be Seen?			When Can Vessel Be Seen?		

Property Damage					
Describe Property Damaged (If other vessel, give make, model, HIN or Registration #)			Other Vessel Insured?		Company or Agency Name:
				Yes	
Owner's Name & Address:			Home Phone:		
			Business Phone:		
Other Operator's Name & Address:			Home Phone:		
			Business Phone:		
Describe Damage:		Estimate Amount:	Where Can Damage Be Seen?		

Injured						
Name & Address	Phone #	Ins Ves	Other Ves	Age	Extent of Injury	

Witnesses or Passengers					
Name & Address	Phone #	Ins Ves	Other Ves	Other (Specify)	

Remarks (include adjuster assigned)			
Reported by	Reported to:	Signature of Insured	Signature of Producer