

Producer: _____

Policy No.: _____



McGOWAN ALLIED
Specialty Insurance

140 Fountain Parkway N, Suite 570
St. Petersburg, FL 33716 Phone: (800)
237-3355

AUTOMOBILE LOSS NOTICE

1. Insured

Name: _____ Cell Phone _____ Business Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Contact Person: _____ Contact Phone: _____

2. Accident (Time, Place, & Description)

Date & Time of Accident (mm/dd/yyyy): _____ A.M. P.M.

Location of Accident (City & State): _____

Name of Ride: _____ Ride Operator Name: _____

Description of Accident:

Police Dept. Reported to (include Name and Badge Number of Officer): _____

3. Insured Vehicle

Vehicle Number: _____ Year: _____ Make: _____ Model: _____

Body Type: _____ VIN: _____

Owner's Name and Address: _____

Residence Phone: _____ Business Phone: _____

Relationship to Insured: _____ D.O.B.: _____ Driver's License #: _____ State: _____

Describe Damage: _____ Estimate Amount: _____ Where Can Vehicle Be Seen?: _____

4. Other Vehicle Damage

Describe Vehicle: _____

Other Insurance? Yes No Company Name: _____ Policy Number: _____

Driver Owner Name & Address: Residence _____

Phone: _____ Business Phone: _____

Describe Damage: _____ Estimate Amount: _____ Where Can Vehicle Be Seen?: _____

5. Injured/Witnesses

Name & Address	Age	Phone No.	Extent of Injury

Report Submitted by: Name: _____ Date: _____ Position: _____

IN CASE OF ACCIDENT!

1. Remain calm.
2. Fill out this form.
3. Fax or mail to the address above.
4. Serious injuries or death should be phoned in immediately.
5. DO NOT ADMIT FAULT. Do not discuss with anyone except police.

*** ALL ACCIDENTS MUST BE REPORTED.***