



Auto Liability
First Notice of Loss Questions

Mandatory questions are marked with an asterisk *

Initial Information		
*Is this a Notice Only Claim?	*Date of Incident	Time of Incident
Date Insured Notified	*Incident State	*Insured Name
Business Location		
*Location Name	*Address 1	Address 2
*City	*State	*Zip
County	*Country	
Telephone Number	Extn	Fax Number
Is the mailing address the same?	Address 1	Address 2
City	State	Zip
County	Country	Federal ID Number
Policy		
Policy Number	Policy Name	Policy Effective Date
Policy Expiration Date		
Location Code		
Location Code Level 1	Location Code Level 2	Location Code Level 3
Location Code Level 4	Location Code Level 5	Location Code Level 6
Incident Information		
Where did the incident occur?	Address 1	Address 2
City	*State	Zip
County	Country	*Provide a brief description of the incident
How many vehicles were involved (including the insured vehicle?)	How many other parties were involved in this incident?	Were hazardous materials involved?
What materials spilled?		
Emergency Services		
Were authorities contacted?	Which authority was contacted?	
Police Authority Name	(Police) Report Number	(Police) Violations/Citations
(Fire) Authority Name	(Fire) Report Number	(Fire)Violations/Citations
* (Other) Name	(Other) Telephone Number	
Insured Vehicle Information		
Is the Insured the Vehicle Owner?	First Name	Last or Company Name
Address 1	Address 2	City
State	Zip	County
Country	Telephone Number	Extn
Is it a rental car?	Is there other insurance?	Other Insurance Company Name
Other Insurance Policy Number	Year	Make
Model	License Plate Number	License Plate State
USDOT Number	VIN	Fleet Number
Was there damage to the Insured	Point of Impact	What part of the Vehicle was
Describe the damages to the vehicle	Estimated damages (\$)	
Insured Vehicle Information (con't)		
Was the vehicle towed?	Where was the vehicle towed to?	Towing Company Name and Telephone Number
Body Shop Name and Telephone Number	Other Name and Telephone Number	Where can the vehicle be seen?
Insured Driver Information		
Was the Insured Driver Injured?	Driver relation to the Insured	First Name

Last or Company Name	Address 1	Address 2
City	State	Zip
County	Country	Telephone Number
Extn	Date of Birth	Age
Gender	Social Security Number	License Number
License State	Purpose of vehicle use	Was the vehicle used with permission?
Describe the injury	Was the injury fatal?	Date of death
Was the driver taken to a hospital?	Hospital Name	Address 1
Address 2	City	State
Zip	County	Country
Telephone Number	Extn	Was the driver admitted to the
Were there any passengers in the	How many passengers were there?	
Passenger Information		
Was the passenger injured?	First Name	Last or Company Name
Address 1	Address 2	City
State	Zip	County
Country	Telephone Number	Extn
Date of Birth	Age	Gender
Social Security Number	Describe the injury	Was the injury fatal?
Date of death	Was this passenger taken to the hospital?	Hospital Name
Address 1	Address 2	City
State	Zip	County
Country	Telephone Number	Extn
Was the passenger admitted to the hospital?		
Third Party Vehicle Owner Information		
First Name	Last or Company Name	Address 1
Address 2	City	State
Zip	County	Country
Telephone Number	Extn	Year
Make	Model	License Plate Number
License Plate State	USDOT Number	Point of Impact
What part of the Vehicle was damaged?	Describe the damages to the vehicle	Estimated damages (\$)
Was the vehicle towed?	Where was the vehicle towed to?	Towing Company Name and Telephone Number
Body Shop Name and Telephone Number	Other Name and Telephone Number	Where can the vehicle be seen?
Third Party Driver Information		
Is the driver the same as the vehicle owner?	Was the driver injured?	First Name
Last or Company Name	Address 1	Address 2
City	State	Zip
County	Country	Telephone Number
Extn	Date of Birth	Age
Gender	Social Security Number	License Number
License Country	License State	USDOT Number
Describe the injury	Was the injury fatal?	Date of death
Was the driver taken to a hospital?	Hospital Name	Address 1

Address 2	City	State
Zip	County	Country
Telephone Number	Extn	Was the driver admitted to the hospital?
Were there any passengers in the Insured Vehicle?	How many passengers were there?	
Passenger Information		
Was the passenger injured?	First Name	Last or Company Name
Address 1	Address 2	City
State	Zip	County
Country	Telephone Number	Extn
Date of Birth	Age	Gender
Social Security Number	Describe the injury	Was the injury fatal?
Date of death	Was this passenger taken to the hospital?	Hospital Name
Address 1	Address 2	City
State	Zip	County
Country	Telephone Number	Extn
Was the passenger admitted to the hospital?		
Other Injured Parties		
First Name	Last or Company Name	Address 1
Address 2	City	State
Zip	County	Country
Telephone Number	Extn	Date of Birth
Age	Gender	Describe the injury
Was the injury fatal?	Date of death	Was the driver taken to a hospital?
Hospital Name	Address 1	Address 2
City	State	Zip
County	Country	Telephone Number
Extn	Was the driver admitted to the hospital?	
Other Property Damage		
Describe the damaged property	Estimated damages (\$)	Where can the property be seen?
When can the property be seen?	Property Owner: First Name	Last or Company Name
Address 1	Address 2	City
State	Zip	County
Country	Telephone Number	Extn
Is there insurance on this property?	Policy Holder Name	Policy Number
Witness		
Were there any Witnesses to the incident?	First Name	Last Name
Address 1	Address 2	City
State	Zip	County
Country	Telephone Number	Extn
Report Information		
*Are you the contact for this incident?	First Name	Last Name
Business Phone Number	Cell Number	Fax Number
Email Address	What is the best time of contact From/To?	What are the best days to contact you?
What is your preferred method of contact?	Do you have any additional comments regarding this incident?	