

**NON PROFIT INSURANCE PROGRAM
AUTOMOBILE LOSS NOTICE**

CANFIELD
451 Diamond Drive
Ephrata, WA 98823
(800) 407-2027/Fax (509) 754-3406

DATE: _____
DATE & TIME OF LOSS: _____
_____AM/PM

INSURED:

Insured's Business Phone: _____
Person to Contact: _____

LOSS:

Location of Accident: _____
Description of Accident: _____

INSURED VEHICLE:

<u>Veh. #</u>	<u>Year, Make, Model</u>	<u>V.I. #</u>
_____	_____	_____
_____	_____	_____

Owner's Name, Address & Phone: _____

Driver's Name & Address: _____

Business Phone: _____ Residence Phone: _____ D.O.B. _____
Driver's License No. _____ Estimate Amount: _____
Describe Damage: _____

PROPERTY DAMAGED:

Describe Property: _____
Owner's Name & Address: _____

OTHER INSURANCE: _____
Business Phone: _____
Residence Phone: _____

Other Driver's Name & Address: _____

Business Phone: _____
Residence Phone: _____

Describe Damage: _____
Estimate Amount: _____

INJURED:

<u>Name & Address</u>	<u>Phone No.</u>	<u>Extent of Injury</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

WITNESSES OR PASSENGERS:

_____	_____	_____
_____	_____	_____
_____	_____	_____

REMARKS: _____
