



LOSS NOTICE FORM

Report claims to : Applied Claims Group
Email: claimreporting@appliedclaims.com

PH: 844-410-9201

24 Hr PH: 844-410-9201

CLIENT NAME		CERTIFICATE #	
PROGRAM CODE	PRO440118		
Date Reported			
Date of Loss Event		Time of Loss Event (am/pm)	
Insured Dealer			
Address		Business Phone	
City		Other Phone	
State, Zip			
PERSON REPORTING LOSS		Business Phone	
Relationship to Insd?		Other Phone	
LOCATION OF ACCIDENT			
Address		Authority Contacted	
City		Police Report No.	
State, ZIP		Violations/Citations issued?	
		If yes, to whom?	
Description of Accident			
WITNESS			
Name		Phone	
Address			
City		State, Zip	
INSURED VEHICLE INFORMATION			
Year		Model	
Make		Color	
Vehicle ID Number (VIN)		Tag State / Number	
Describe damage to dealership vehicle			
Drivable?		Was vehicle towed?	
Where can vehicle be seen?		When can vehicle be seen?	
Insured's Driver's Name		Business Phone	
Address		Other Phone	
City		Purpose of Use	
State, ZIP		Relationship of Driver to Owner	
Other Driver's Name		Insurer-Company/Agent	
Address		Policy Number	
City		Business Phone	
State, Zip		Other Phone	
Vehicle?		Yr / Make / Model	

Attach a copy of the police report. If damage is less than \$5000, attach a copy of damage appraisal.