FAX TO:402-916-3031 or Email to: claims@nationalindemnity.com

ACORD AUTOMOBILE LOSS NOTICE

DATE (mm/dd/yy)

PRODUCER	PHONE (A/C, No, Ext)	COMPANY	MISCELLANEOUS INFO (Site & location code)
Charlson - Wilson Ins Agency P. O. Box 1989 Manhattan, KS 66502	800-488-2930	Berkshire Hathaway Homestate Ins. Co	Attn: Paula Opal - Claims Assistant 800-488-2930
		POLICY NUMBER: KSA001350	REFERENCE NUMBER / CAT #

KF0103	SUB CODE:	EFF DATE	EXP DATE	D/O/A and Time	☐ AM ☐ PM	PREVIOUSLY REPORTED ☐ YES ☐ NO
AGENCY CUSTOMER ID:		8/1/2011	8/1/2014			

INSURED

NAME AND ADDRESS
State of Kansas - Board of Regents
Carla Bishop, Kansas State University

RES PHONE (A/C, No): xxxxxxxxxxxxxxxxxxx
BUS PHONE (A/C, No, Ext): 785-532-6214

CONTACT

☐ CONTACT INSURED

NAME AND ADDRESS
Department:
Contact Name

RES PHONE (A/C, No): xxxxxxxxxxxxxxxxxxx
BUS PHONE (A/C, No, Ext):

WHERE TO CONTACT

WHEN TO CONTACT

LOSS

LOCATION OF ACCIDENT (Include city & state)

AUTHORITY CONTACTED:

REPORT #:

VIOLATIONS/CITATIONS

DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)

INSURED VEHICLE

VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
		MODEL:	V.I.N.:		

OWNER'S NAME & ADDRESS
RESIDENCE PHONE (A/C, No.):
BUSINESS PHONE (A/C, No, Ext):

DRIVER'S NAME & ADDRESS (Check if same as owner) ☐
RESIDENCE PHONE (A/C, No.):
BUSINESS PHONE (A/C, No, Ext):

RELATION TO INSURED	D/O/B	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION? ☐ YES ☐ NO

DESCRIBE DAMAGE	EST AMNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INS ON VEHICLE

PROPERTY DAMAGED

DESCRIBE PROPERTY (If auto, year, make, model, plate #)

COMPANY OR AGENCY NAME:

OTHER VEH/PROP INS? ☐ YES ☐ NO

POLICY #:

OWNER'S NAME & ADDRESS
RESIDENCE PHONE (A/C, No.):
BUSINESS PHONE (A/C, No, Ext):

OTHER DRIVER'S NAME & ADDRESS (Check if same as owner) ☐
RESIDENCE PHONE (A/C, No.):
BUSINESS PHONE (A/C, No, Ext):

DESCRIBE DAMAGE	EST AMNT	WHERE CAN DAMAGE BE SEEN?

INJURED

NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)

REMARKS (Include adjuster assigned)

REPORTED BY	REPORTED TO	SIGNATURE OF PROD / INSD