



**LANDSCAPE CONTRACTORS  
INSURANCE SERVICES, INC.**

**AUTOMOBILE LOSS REPORT**

|                   |                  |            |
|-------------------|------------------|------------|
| Name              | Bus. Phone       | Home Phone |
| Address           |                  |            |
| Person to Contact | Where to Contact | When       |

**LOSS**

|  |                                |
|--|--------------------------------|
| Date & Time of Loss/Accident             |                                |
| Location of Accident (Inc. City & State) |                                |
| Policy #                                 | Authority Contacted & Report # |
| Violations/Citations                     |                                |
| Description of Accident                  |                                |

**INSURED VEHICLE**

|   |                                      |               |
|---|--------------------------------------|---------------|
| Vehicle #   | Year, Make, Model                    |               |
| V.I.N. (Vehicle Identification)   | Plate #                              |               |
| Owners Name   | Bus. Phone                           | Home Phone    |
| Owners Address  |                                      |               |
| Drivers Name (Check if same as owner) <input type="checkbox"/>              |                                      |               |
| Drivers Address (Check if same as owner) <input type="checkbox"/>           |                                      |               |
| Bus. Phone  | Home Phone                           |               |
| Rel. to Insured (Employee, Family, etc.)                                    |                                      | Date of Birth |
| Driver's Lic. #   | Purpose of Use                       |               |
| Used w/ Permission <input type="checkbox"/> Yes <input type="checkbox"/> No | Describe Damage                      |               |
| Estimate Amount   | Where can the vehicle be seen? When? |               |
| Other Ins. on Veh.  |                                      |               |

**PROPERTY DAMAGED**

Describe Property (If Auto, Year, Make, Model, Plate #)

Other Veh. or Prop Insured  Yes  No

Company or Agency Name & Policy #

Owners Name

Bus. Phone

Home Phone

Owners Address

Other Drivers Name (Check if same as owner)

Other Drivers Address (Check if same as owner)

Bus. Phone

Home Phone

**INJURED**

Name

Ped.  Ins. Veh.  Other Veh.

Age

Home Phone

Extent of Injury

Address

**WITNESSES OR PASSENGERS**

Name

Bus. Phone

Home Phone

Address

Name

Bus. Phone

Home Phone

Address

Remarks

Reported By

Reported To

Signature of applicant

Date