



**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

Note: By typing your name and submitting this form you are providing authorization.