EQUITABLE ADJUSTING & SERVICE COMPANY

☐ AUTO

☐ OTHER LIABILITY ACCIDENT NOTICE

PRODUCER

Address:	Full Policy No. *(including symbols)*:	Claim No.:
Phone:	Policy Dates:	Company:
Producer Code:	Miscellaneous Information *(site & location codes etc.)*:	*(for company use)*
Previously Reported: ☐ Yes ☐ No		

INSURED

Full Name *(as appears on policy)*		Special ID or Social Security No.:
Address:	Zip Code:	Where can insured be contacted? When?
Residence Phone:	Business Phone:	

ACCIDENT

Description of Accident or Loss:	Date & Time of Accident or Loss:
Location of Accident:	Police Dept. to whom reported:

POLICY

Bodily Injury:	Medical Payments:	Loss Payee *(if none, so indicate)*:
Property Damage:	Comp/Ded.:	Other Coverages: *(no fault, towing UM, product liability, etc.)*
Single Limit:	Collision/Ded.:	Other Ded.:

INSURED VEHICLE

Vehicle No.:	Name of Owner *(check if same as policy holder)*:	
Year:	Address: *(check if same as policy holder)*	Phone:
Make:	Name of Driver: *(check if same as owner)*	Age:
Model:	Address: *(check if same as owner)*	Phone:
VIN *(Vehicle Identification No.)*:	Relation to insured *(employee, family, etc.)*:	Date of Birth:
Plate No.:	Driver's License Number:	Purpose of Use:
Repair Estimate:	Where can car be seen?:	Other Insurance: ☐ Yes ☐ No
Use with Permission: ☐ Yes ☐ No	Describe Damage:	

PROPERTY DAMAGE

Owner:	Address:	Phone:
Other Driver *(check if the same as owner)*:	Address:	Phone:
Describe Property *(if auto, make, year, plate no.)*		Other car of property insured: ☐ Yes ☐ No
Describe damage:		Repair Estimate:
Company or Agency Name & Policy No.:		Where can car be seen?

INJURED

Name *(include all injured passengers)*:	Address:	Phone:	Age:	Extent of Injury:	Insured Vehicle:	Other Vehicle:	Ped.:

CLAIMANT

Occupation:	Employed By:	Probable Disability *(weeks)*:
Relation to insured *(employee, family, etc.)*:	Returned to work ☐ Yes ☐ No	

WITNESS

Name *(include all uninjured passengers)*:	Address:	Phone:	Insured Vehicle:	Other Vehicle:	Other:

Remarks: ______________________ Date: ______________________

Reported by: ______________________ Signature *(producer, insured or driver)*: ______________________

Reported to: ______________________