

# ACORD® AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YY)

<b>PRODUCER</b> <b>PHONE (A/C, No, Ext):</b> (512) 453-0031 Consolidated Insurance Agency 221 West 6th Street, Ste. 1400 Austin, TX 78701-3420		<b>COMPANY</b> Old Republic Insurance Co		<b>MISCELLANEOUS INFO (Site &amp; location code)</b> San Antonio #743			
<b>CODE:</b> 6312 <b>SUB CODE:</b>		<b>POLICY NUMBER</b> ORACR14670368		<b>REFERENCE NUMBER</b>		<b>CAT #</b>	
<b>AGENCY CUSTOMER ID:</b> 00003806		<b>EFFECTIVE DATE</b> 09/08/2006		<b>EXPIRATION DATE</b> 09/08/2007		<b>DATE OF ACCIDENT AND TIME</b>	
						<b>PREVIOUSLY REPORTED</b> AM <input type="checkbox"/> PM <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	

<b>INSURED</b> <b>NAME AND ADDRESS</b> The University of Texas System 201 W. 7th Street ASH - 3rd Floor Austin, TX 78701-2981			<b>CONTACT</b> <b>NAME AND ADDRESS</b>			<b>CONTACT INSURED</b>			<b>WHERE TO CONTACT</b>		
<b>RESIDENCE PHONE (A/C, No)</b>			<b>BUSINESS PHONE (A/C, No, Ext)</b> (512) 499-4578			<b>RESIDENCE PHONE (A/C, No)</b>			<b>BUSINESS PHONE (A/C, No, Ext)</b>		
						<b>WHEN TO CONTACT</b>					

<b>LOSS</b> <b>LOCATION OF ACCIDENT</b> (Include city & state)				<b>AUTHORITY CONTACTED:</b>				<b>VIOLATIONS/CITATIONS</b>			
				<b>REPORT #:</b>							
<b>DESCRIPTION OF ACCIDENT</b> (Use reverse side, if necessary)											

<b>POLICY INFORMATION</b>													
<b>BODILY INJURY (Per Person)</b>		<b>BODILY INJURY (Per Accident)</b>		<b>PROPERTY DAMAGE</b>		<b>SINGLE LIMIT</b> 600,000		<b>MEDICAL PAYMENT</b>		<b>OTC DEDUCTIBLE</b>		<b>OTHER COVERAGE &amp; DEDUCTIBLES</b> (UM, no-fault, towing, etc.) Systemwide Liability - \$2,500 Combined BI/PD Deductible	
<b>LOSS PAYEE</b>						<b>COLLISION DED</b>							

<b>UMBRELLA/ EXCESS</b>		<b>UMBRELLA</b>		<b>EXCESS</b>		<b>CARRIER:</b>		<b>LIMITS:</b>		<b>PER CLAIM</b>		<b>PER OCCUR</b>	
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<b>INSURED VEHICLE</b>													
<b>VEH #</b>		<b>YEAR</b>		<b>MAKE:</b>				<b>BODY TYPE:</b>		<b>PLATE NUMBER</b>		<b>STATE</b>	
				<b>MODEL:</b>				<b>V.I.N.:</b>					
<b>OWNER'S NAME &amp; ADDRESS</b>						<b>RESIDENCE PHONE (A/C, No):</b>							
						<b>BUSINESS PHONE (A/C, No, Ext):</b>							
<b>DRIVER'S NAME &amp; ADDRESS</b> (Check if same as owner)						<b>RESIDENCE PHONE (A/C, No):</b>							
						<b>BUSINESS PHONE (A/C, No, Ext):</b>							
<b>RELATION TO INSURED (Employee, family, etc.)</b>			<b>DATE OF BIRTH</b>		<b>DRIVER'S LICENSE NUMBER</b>			<b>STATE</b>		<b>PURPOSE OF USE</b>		<b>USED WITH PERMISSION?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>DESCRIBE DAMAGE</b>			<b>ESTIMATE AMOUNT</b>		<b>WHERE CAN VEHICLE BE SEEN?</b>			<b>WHEN CAN VEH BE SEEN?</b>		<b>OTHER INSURANCE ON VEHICLE</b>			

<b>PROPERTY DAMAGED</b>												
<b>DESCRIBE PROPERTY</b> (If auto, year, make, model, plate #)						<b>OTHER VEH/PROP INS?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>COMPANY OR AGENCY NAME:</b>				
								<b>POLICY #:</b>				
<b>OWNER'S NAME &amp; ADDRESS</b>						<b>RESIDENCE PHONE (A/C, No):</b>						
						<b>BUSINESS PHONE (A/C, No, Ext):</b>						
<b>OTHER DRIVER'S NAME &amp; ADDRESS</b> (Check if same as owner)						<b>RESIDENCE PHONE (A/C, No):</b>						
						<b>BUSINESS PHONE (A/C, No, Ext):</b>						
<b>DESCRIBE DAMAGE</b>			<b>ESTIMATE AMOUNT</b>		<b>WHERE CAN DAMAGE BE SEEN?</b>							

<b>INJURED</b>													
<b>NAME &amp; ADDRESS</b>				<b>PHONE (A/C, No)</b>				<b>PED</b>	<b>INS VEH</b>	<b>OTH VEH</b>	<b>AGE</b>	<b>EXTENT OF INJURY</b>	

<b>WITNESSES OR PASSENGERS</b>												
<b>NAME &amp; ADDRESS</b>				<b>PHONE (A/C, No)</b>				<b>INS VEH</b>	<b>OTH VEH</b>	<b>OTHER (Specify)</b>		

<b>REMARKS (Include adjuster assigned)</b>											
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<b>REPORTED BY</b>				<b>REPORTED TO</b>				<b>SIGNATURE OF PRODUCER OR INSURED</b>			
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### **Applicable in California**

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

California Insurance Frauds Prevention Act 1871.2

### **Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.\*

\* In Florida - Third Degree Felony

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

### **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **Applicable in New Jersey**

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

### **Applicable in New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### **Applicable in Pennsylvania**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.