



# AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY Molyneaux Insurance Inc. 5025 Utica Ridge Road, Suite 100 Davenport, IA 52807		INSURED LOCATION CODE	DATE OF LOSS AND TIME	AM PM
CONTACT NAME:		CARRIER GuideOne Mutual Insurance Company		NAIC CODE 15032
PHONE (A/C, No, Ext): (563) 324-1011		POLICY NUMBER 1711774		
FAX (A/C, No): (563) 324-7909		POLICY TYPE Auto		
E-MAIL ADDRESS:				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID: DIOCOFD-02				

<b>INSURED</b>		
NAME OF INSURED (First, Middle, Last) Diocese of Davenport		INSURED'S MAILING ADDRESS 780 W. Central Park Ave. Davenport, IA 52804-1901
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable)
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:		

<b>CONTACT</b>		CONTACT INSURED
NAME OF CONTACT (First, Middle, Last)		CONTACT'S MAILING ADDRESS
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:
WHEN TO CONTACT		SECONDARY E-MAIL ADDRESS:

<b>LOSS</b>	
LOCATION OF LOSS	POLICE OR FIRE DEPARTMENT CONTACTED
STREET:	REPORT NUMBER
CITY, STATE, ZIP:	
COUNTRY:	
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:	
DESCRIPTION OF ACCIDENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	

<b>INSURED VEHICLE</b>					
VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
		MODEL:	V.I.N.:		
OWNER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as insured)		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:	
DRIVER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as owner)		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:	
RELATION TO INSURED (Employee, family, etc.)		DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE
DESCRIBE DAMAGE		USED WITH PERMISSION? (Y/N)			
1. WAS A STANDARD CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) INSTALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT?		Y / N			
2. WAS THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) IN USE BY A CHILD DURING THE TIME OF THE ACCIDENT?		Y / N			
3. DID THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) SUSTAIN A LOSS AT THE TIME OF THE ACCIDENT?		Y / N			
ESTIMATE AMOUNT:	WHERE CAN VEHICLE BE SEEN?:	WHEN CAN VEHICLE BE SEEN?:			
OTHER INSURANCE ON VEHICLE - CARRIER:		POLICY NUMBER:			

OTHER VEHICLE / PROPERTY DAMAGED  NON - VEHICLE?

AGENCY CUSTOMER ID: DIOCOFD-02

VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
		MODEL:	V.I.N.:		
DESCRIBE PROPERTY (Other Than Vehicle)					OTHER VEH/PROP INS? (Y/N)
CARRIER OR AGENCY NAME			NAIC CODE	POLICY NUMBER	
OWNER'S NAME AND ADDRESS			PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #
			PRIMARY E-MAIL ADDRESS:		
DRIVER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as owner)			PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #
			PRIMARY E-MAIL ADDRESS:		
DESCRIBE DAMAGE					
ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?				

INJURED						
NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

WITNESSES OR PASSENGERS				
NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

REPORTED BY	REPORTED TO
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REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)