



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

MAY 1 06

AGENCY Insurance Center of New England P O Box 1175 West Springfield MA 01090-1175	PHONE (A/C, No., Ext.): (413) 781-2410	COMPANY Hartford Insurance Company P O Box 7247-0234 Philadelphia PA 19170-0234	NAIC CODE:	MISCELLANEOUS INFO (Site & Location Code)			
FAX (A/C, No.): 413-731-9539	E-MAIL ADDRESS	POLICY NUMBER 08MCPTD4550AUTO	POLICY TYPE 2	REFERENCE NUMBER	CAT.#		
CODE	SUB CODE	EFFECTIVE DATE MAY 1 06	EXPIRATION DATE MAY 1 07	DATE OF ACCIDENT AND TIME	A.M.	PREVIOUSLY REPORTED	
AGENCY CUSTOMER ID: 59790					P.M.	YES <input type="checkbox"/> NO <input type="checkbox"/>	

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS UNIVERSITY OF MASS (AUTO FLEET)	SOC SEC # OR FEIN:	NAME AND ADDRESS	WHERE TO CONTACT		
333 South St S#450 Shrewsbury MA 01545-4176			WHEN TO CONTACT		
RESIDENCE PHONE (A/C, No.)	BUSINESS PHONE (A/C, No. Ext.)	RESIDENCE PHONE (A/C, No.)	BUSINESS PHONE (A/C, No. Ext.)		

LOSS	LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED: REPORT #:	VIOLATIONS/CITATIONS
	DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)		

POLICY INFORMATION						
BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE \$0	SINGLE LIMIT \$1,000,000	MEDICAL PAYMENT 0	OTC DEDUCTIBLE	OTHER COVERAGES & DEDUCTIBLES (UM, no-fault, towing, etc)
LOSS PAYEE					COLLISION DED.	
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/CCC
						SIR/ DED

INSURED VEHICLE									
VEH.#	YEAR	MAKE:	BODY TYPE:		PLATE NUMBER	STATE			
		MODEL:	V.I.N. :						
OWNER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No.)					
				BUSINESS PHONE (A/C, No., Ext.)					
DRIVER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No.)					
(Check if same as owner)				BUSINESS PHONE (A/C, No., Ext.)					
RELATION TO INSURED (Employee, family, etc.)		DATE OF BIRTH	DRIVER'S LICENSE#	STATE	PURPOSE OF USE	USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIBE DAMAGE		ESTIMATE AMT. \$0	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE				

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

INJURED						
NAME & ADDRESS	PHONE(A/C, No.)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY

WITNESSES OR PASSENGERS				
NAME & ADDRESS	PHONE(A/C, No.)	INS VEH	OTH VEH	OTHER (Specify)

REMARKS (Include adjuster assigned)			
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER

Lori A. Willis

