

ACORD						AUTOMOBILE LOSS NOTICE						DATE (mm/dd/yy)							
PRODUCER Charlson - Wilson Ins Agency P. O. Box 1989 Manhattan, KS 66502			PHONE (A/C, No, Ext) 800-488-2930			COMPANY Berkshire Hathaway Homestate Ins. Co			MISCELLANEOUS INFO (Site & location code) Attn: Paula Opal - Claims Assistant 800-488-2930										
AGENCY CUSTOMER ID:			SUB CODE:			EFF DATE 8/1/2011			EXP DATE 8/1/2014			D/O/A and Time		PREVIOUSLY REPORTED					
KSF0103												<input type="checkbox"/> AM		<input type="checkbox"/> YES <input type="checkbox"/> NO					
												<input type="checkbox"/> PM							
INSURED						CONTACT						<input type="checkbox"/> CONTACT INSURED							
NAME AND ADDRESS State of Kansas - Kansas State Fleet Tami Sherley - Dept of Div of Purchases						NAME AND ADDRESS Department: Contact Name						WHERE TO CONTACT							
RES PHONE (A/C, No) XXXXXXXXXXXXXXXXXXXX						BUS PHONE (A/C, No, Ext) XXXXXXXXXXXXXXXXXXXX						WHEN TO CONTACT							
RES PHONE (A/C, No) XXXXXXXXXXXXXXXXXXXX						BUS PHONE (A/C, No, Ext) XXXXXXXXXXXXXXXXXXXX													
LOSS																			
LOCATION OF ACCIDENT (Include city & state)								AUTHORITY CONTACTED:				VIOLATIONS/CITATIONS							
								REPORT #:											
DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)																			
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 (Check if same as owner) <input type="checkbox"/>								RESIDENCE PHONE (A/C, No.):											
								BUSINESS PHONE (A/C, No, Ext):											
RELATION TO INSURED		D/O/B		DRIVER'S LICENSE NUMBER				STATE		PURPOSE OF USE				USED WITH PERMISSION?					
														<input type="checkbox"/> YES <input type="checkbox"/> NO					
DESCRIBE DAMAGE				EST AMNT		WHERE CAN VEHICLE BE SEEN?				WHEN CAN VEH BE SEEN?				OTHER INS ON VEHICLE					
PROPERTY DAMAGED																			
DESCRIBE PROPERTY (If auto, year, make, model, plate #)								COMPANY OR AGENCY NAME:											
								OTHER VEH/PROP INS?				POLICY #:							
								<input type="checkbox"/> YES <input type="checkbox"/> NO											
OWNER'S NAME & ADDRESS								RESIDENCE PHONE (A/C, No.):											
								BUSINESS PHONE (A/C, No, Ext):											
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner) <input type="checkbox"/>								RESIDENCE PHONE (A/C, No.):											
								BUSINESS PHONE (A/C, No, Ext):											
DESCRIBE DAMAGE				EST AMNT		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 PROD / INSD							