

<b>ACORD</b>							<b>AUTOMOBILE LOSS NOTICE</b>					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 Cornhusker Casualty		MISCELLANEOUS INFO (Site & location code) Attn: Paula Opal - Claims Assistant 800-488-2930									
KFF0103		SUB CODE:		EFF DATE 8/1/2008		EXP DATE 8/1/2009		D/O/A and Time		AM		PREVIOUSLY REPORTED			
AGENCY CUSTOMER ID:										PM		YES NO			
<b>INSURED</b>				<b>CONTACT</b>				CONTACT INSURED							
NAME AND ADDRESS State of Kansas - Kansas State Fleet Lee Harmon - 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				RES PHONE (A/C, No) XXXXXXXXXXXXXXXXXXXX				BUS PHONE (A/C, No, Ext) XXXXXXXXXXXXXXXXXXXX			
RES PHONE (A/C, No)				BUS PHONE (A/C, No, Ext)				RES PHONE (A/C, No)				BUS PHONE (A/C, No, Ext)			
XXXXXXXXXXXXXXXXXXXX				XXXXXXXXXXXXXXXXXXXX				XXXXXXXXXXXXXXXXXXXX				XXXXXXXXXXXXXXXXXXXX			
<b>LOSS</b>															
LOCATION OF ACCIDENT (Include city & state)						AUTHORITY CONTACTED:			VIOLATIONS/CITATIONS						
						REPORT #:									
DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)															
<b>INSURED VEHICLE</b>															
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)						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?						
									YES NO						
DESCRIBE DAMAGE		EST AMNT		WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?			OTHER INS ON VEHICLE						
<b>PROPERTY DAMAGED</b>															
DESCRIBE PROPERTY (If auto, year, make, model, plate #)						COMPANY OR AGENCY NAME:									
						OTHER VEH/PROP INS?			POLICY #:						
						YES 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?											
<b>INJURED</b>															
NAME & ADDRESS				PHONE (A/C, No)			PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY				
<b>WITNESSES OR PASSENGERS</b>															
NAME & ADDRESS				PHONE (A/C, No)			INS VEH	OTH VEH	OTHER (Specify)						
REMARKS (Include adjuster assigned)															
REPORTED BY				REPORTED TO				SIGNATURE OF PROD / INSD							