ACORD.	PORD. AUTOMOBILE LOSS NOTICE										DATE (MM/DD/YY)			
PRODUCER	PRODUCER PHONE (A/C, no., ext.) MISCELLANEOUS INFORMATION (TION (S	ite & Location Co	ode)			
			COMPANY () I wild a life or it will be			POLICY NUMBER						CAT. #		
			POLICY EFF. DATE	(MM/DD/YY)	POLICY EX	KP. DATE (M	M/DD/Y	Y) DA	TE (MM/	DD/YY) & TIME	OF LOSS	PREVIOUSL REPORTED		
CODE	SUB CODE		Andrew Symmetric Symmetry		and the same of th					-	A.M.	YES		
INSURED	to a conveg en											NO		
NAME & ADDRESS			INSURED'S RESIDEN						S BUSIN	ESS PHONE (A/O	C, no., ext.)		
			PERSON TO CONTA	СТ						WHERE T	O CONTA	СТ		
			elelo dos estres la							WHEN				
			CONTACT'S RESIDE	NCE BHONE	(A/C no.)			NTACT	e Buen	JESS BHONE (A	/C no ou			
			CONTACT S RESIDE	NOE PHONE	(~, 110.)		,	MIACI	3 60311	NESS PHONE (A	rC, no., ex	.,		
LOSS LOCATION OF ACCIDENT	(Including city & state)	r, any adult paison	of but menals as		AUTHORIT	V CONTACT	ED 4 D	EDODT	NO	VIOLATION	P/CITATIO	NC.		
LOCATION OF ACCIDENT	(including city & state)				AUTHORIT	Y CONTACT	ED & H	EPORT	NO.	VIOLATION	S/CITATIO	NS		
DESCRIPTION OF ACCIDE	NT (Use reverse side, i	f necessary)	entre d'Europe						3117 1,2,					
		vin a north or	<u>a nginari na King</u> Mga mga sa mg											
- 4(0		or book so being	Nist for Rew To				19/10	3045						
POLICY INFORMAT BODILY INJURY P	ION ROPERTY DAMAGE	SINGLE LIMIT	MED. PAY	OTC DED.		OTHER CO	OVERAC	GE & DE	DUCTIB	LES (UM, no-faul	It towing, e	etc.)		
LOSS PAYEE	d meneng en madadi ne		to an essential	COLLISION										
INSURED VEHICLE			a adoo do 444	,608, 14 (24)	DE NOUH BECASE			1017	H 1 1					
VEH. NO. YEAR, MAKE, M		V.I.N. (Vehicle identification)						PLATE NO.						
OWNER'S NAME & ADDRE	SS									PHONE (A/C	, no., ext.)			
DRIVER'S NAME & ADDRE	SS (Chack if same as	z nevtvar aq i			.abia.i	DESIDEN	ICE BU	ONE /A/	C no V E	USINESS PHON	IE (A/C ac	and V		
	oregon by Pilon a					. Talling		OIAL (A	, no.) E	The Table	IE (A/C, III	i, ext.)		
RELATION TO INSURED (E	TION TO INSURED (Employee, family, etc.) DATE OF BIRTH			DRIVER'S LICENSE NUMBER			PURPOSE OF USE				USED WITH PERMISSION ? YES NO			
DESCRIBE DAMAGE ESTIMATE AMOUNT \$			WHERE CAN VEHICL		WHEN ?				OTHER INSURANCE ON VEHICL					
PROPERTY DAMAG	iED	Φ	eres Cisas D fi	Nest Paris										
DESCRIBE PROPERTY (If a	auto, year, make, mode	l, plate no.)		I/PROP. INS?	COMPANY	OR AGENC	Y NAME	& POL	ICY NO.					
OWNER'S NAME & ADDRE	YES NO BUSINESS PHONE (A/C, no.,					, ext.)	tt.) RESIDENCE PHONE (A/C, no.)							
		g taga ta gaze												
OTHER DRIVER'S NAME 8	ADDRESS (Check if s	ame as owner)				BUSINESS P	HONE (A/C, no.	, ext.)	RESIDENCE	PHONE (A	A/C, no.)		
DESCRIBE DAMAGE		ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?											
INJURED														
	NAME & A	DDRESS		PHONE	(A/C, No.)	PED.	INS. (VEH. A	GE	EXTENT	OF INJUR	RY		
WITNESSES OR PA												,		
	NAME 8	k ADDRESS		F	PHONE (A/C,	No.)	INS. VEH.	OTHER VEH.		OTHER (Specify)			
REMARKS (Include adjuste	r assigned)													
REPORTED BY		REPORTE	ED TO			SIGNAT	URE O	F PROD	UCER OF	RINSURED				
ACORD 2 (2/88)									0	ACORD COF	POPAT	TION 1001		