

T.H.E. INSURANCE Company

10451 Gulf Boulevard
Treasure Island, FL 33706
(727)367-6700

Fax (727)367-9103 or (727)360-7303

Producer _____

Policy No. _____

AUTOMOBILE AND PROPERTY LOSS NOTICE

(1) INSURED	Insured Name		Cell Phone		Business Phone	
	Address			City	State	Zip
	Email		Contact Person		Contact Phone	
(2) ACCIDENT	Date & Time of Accident (mm/dd/yyyy)		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
	Location of Accident					
	Description of Accident					
	Authority Contacted					
	Report Number					
(3) INSURED VEHICLE	Vehicle Number	Year	Make	Body Type		
			Model	V.I.N.		
	Owner's Name & Address			Residence Phone		
				Business Phone		
	Driver's Name & Address			Residence Phone		
				Business Phone		
Relationship to Insured		Date of Birth	Driver's License Number		State	
Describe Damage		Estimate Amount	Where Can Vehicle Be Seen?			
(4) OTHER VEHICLE OR PROPERTY DAMAGE	Describe Vehicle or Property					
	Other Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name			Policy Number	
	Driver or Property Owner Name & Address			Residence Phone		
				Business Phone		
Describe Damage		Estimate Amount	Where Can Vehicle Be Seen?			
(5) INJURED/ WITNESSES	Name & Address		Age	Phone No.	Extent of Injury	
REPORT SUBMITTED BY	Name		Date	Position	Phone	

ALL AUTO LOSSES MUST BE REPORTED - IF SENDING FORM BY FAX, PLEASE FAX TO 727-367-9103 OR IF BY EMAIL, PLEASE EMAIL FORM TO CLAIMS@THEINSCO.COM.

**DO NOT PROVIDE A COPY OF THIS REPORT TO
ANYONE OTHER THAN T.H.E INSURANCE CO.**