

AUTOMOBILE LOSS NOTICE

EMAIL REPORT TO: claims@collinsandco.com	DATE:		
PHONE: 423-265-0541	DATE OF OCCURRENCE:		
MAILING ADDRESS: Collins and Company, Inc. 555 River Street Chattanooga, TN 37405	<i>Please check appropriate box and provide in space below particular department with the County or Board of Education</i>		
	COUNTY		
	BOARD OF EDUCATION		
	DEPARTMENT:		
INSURED NAME & ADDRESS: RUTHERFORD COUNTY RUTHERFORD COUNTY BOARD OF EDUCATION	CONTACT NAME & ADDRESS:		
LOCATION OF ACCIDENT:			
DESCRIPTION OF ACCIDENT:			
INSURED VEHICLE:			
YEAR:	MAKE:	MODEL:	VIN:
PROPERTY DAMAGE:			
OTHER VEHICLE:			
YEAR:	MAKE:	MODEL:	VIN:
INJURED:			
NAME & ADDRESS:	PHONE NUMBER:	EXTENT OF INJURY:	
WITNESSES:			
NAME & ADDRESS:			
PHONE NUMBER:	REPORTED BY:		
SIGNATURE OF INSURED:	REPORTED TO:		
	PHONE NUMBER:		