



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY Galloway-Chandler-McKinney Insurance, Inc. P.O. Box 9670 Columbus, MS 39705	PHONE (A/C, No, Ext): 662-328-0492	COMPANY Union Standard Insurance Company	NAIC CODE:	MISCELLANEOUS INFO (Site & location code) 004 Mississippi State University
FAX (A/C, No): 662-329-3938	E-MAIL ADDRESS: susan.caldwell@gcm-insurance.com	POLICY NUMBER CAA 4229654	POLICY TYPE Automobile Liability	REFERENCE NUMBER
CODE:	SUB CODE:	EFFECTIVE DATE 07-01-08	EXPIRATION DATE 07-01-09	DATE OF ACCIDENT AND TIME
AGENCY CUSTOMER ID: IHL--1				PREVIOUSLY REPORTED AM <input type="checkbox"/> PM <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

INSURED		CONTACT		CONTACT INSURED
NAME AND ADDRESS The Board of Trustees of State Institutions of Higher Learning 3825 Ridgewood Road Jackson, Mississippi 39211	SOC SEC # OR FEIN:	NAME AND ADDRESS Mr. Taylor Adams Mississippi State University P.O. Box 5307, Mississippi State MS 39762	WHEN TO CONTACT:	WHERE TO CONTACT
RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):	RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext): 662-325-1934	
CELL PHONE (A/C, No):	E-MAIL ADDRESS:	CELL PHONE (A/C, No):	E-MAIL ADDRESS:	

LOSS	LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED:	VIOLATIONS/CITATIONS
	DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)	REPORT #:	

POLICY INFORMATION						
BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc)
LOSS PAYEE					COLLISION DED	
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC SIR/ DED

INSURED VEHICLE									
VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE				
		MODEL:	V.I.N.:						
OWNER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No):					
DRIVER'S NAME & ADDRESS				BUSINESS PHONE (A/C, No, Ext):					
(Check if same as owner)				RESIDENCE PHONE (A/C, No):					
RELATION TO INSURED (Employee, family, etc.)				BUSINESS PHONE (A/C, No, Ext):					
DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION? YES <input type="checkbox"/> NO <input type="checkbox"/>					
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE					

PROPERTY DAMAGED VEHICLE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DESCRIBE PROPERTY (if auto, year, make, model, plate #)	OTHER VEH/PROP INS? YES <input type="checkbox"/> NO <input type="checkbox"/>
OWNER'S NAME & ADDRESS	COMPANY OR AGENCY NAME:
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)	POLICY #:
RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):
RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):
DESCRIBE DAMAGE	ESTIMATE AMOUNT
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 Susan Caldwell	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER James C. Galloway, Jr.