



**Entertainment Brokers International**  
 10940 Wilshire Blvd., 17<sup>th</sup> Floor  
 Los Angeles, CA 90024  
 License No. 0773887

**Los Angeles**  
 Tel. (310) 824-0111, Fax (310) 824-5733  
**New York**  
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**AUTOMOBILE LOSS NOTICE**

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**PRODUCER**

Entertainment Brokers International  
 10940 Wilshire Boulevard, 17<sup>th</sup> Floor  
 Los Angeles, CA 90024  
 License Number 0773887

**DATE**

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DATE OF LOSS: \_\_\_\_\_ TIME OF LOSS: \_\_\_\_\_ AM \_\_\_\_\_ PM  
 PREVIOUSLY REPORTED? YES NO  
 POLICY #: \_\_\_\_\_ CAT #: \_\_\_\_\_ POLICY EFF. DATE: \_\_\_\_\_  
 COMPANY: \_\_\_\_\_ POLICY EXP. DATE: \_\_\_\_\_

**INSURED**

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NAME & ADDRESS (as it appears on the policy): \_\_\_\_\_ PERSON TO CONTACT: \_\_\_\_\_  
 WHERE TO CONTACT: \_\_\_\_\_  
 WHEN TO CONTACT: \_\_\_\_\_  
 CONTACT'S RESIDENCE PHONE: \_\_\_\_\_  
 CONTACT'S BUSINESS PHONE: \_\_\_\_\_  
 INSURED'S RESIDENCE PHONE: \_\_\_\_\_  
 INSURED'S BUSINESS PHONE: \_\_\_\_\_

**LOSS**

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LOCATION OF ACCIDENT (including city and state)

DESCRIPTION OF ACCIDENT

AUTHORITY CONTACTED:  
 REPORT NO.:  
 VIOLATIONS/CITATIONS:

**EBI AUTOMOBILE LOSS NOTICE (Cont'd)**

**POLICY INFORMATION**

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BODILY INJURY

PROPERTY DAMAGE

SINGLE LIMIT

MED. PAY

OTC. DED

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OTHER COVERAGE & DEDUCTIBLES (UM, no-fault towing etc.):

LOSS PAYEE:

COLLISION DED:

**INSURED VEHICLE**

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VEHICLE #:

MAKE:

MODEL:

YEAR

V.I.N. :

PLATE NUMBER:

OWNER'S NAME & ADDRESS:

PHONE #:

DRIVER'S NAME & ADDRESS:

RESIDENCE PHONE #:

BUSINESS PHONE #:

RELATION TO INSURED:

DATE OF BIRTH:

DRIVER'S LICENSE NUMBER:

PURPOSE OF USE:

USE WITH PERMISSION?

YES

NO

DESCRIBE DAMAGE:

ESTIMATE AMOUNT:

OTHER INSURANCE ON VEHICLE:

WHERE CAN VEHICLE BE SEEN?

WHEN?

**PROPERTY DAMAGED**

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DESCRIBE PROPERTY (if auto, year, make, model, plate no.)

IS OTHER VEHICLE/PROPERTY INSURED?    YES    NO

COMPANY OR AGENCY NAME & POLICY NUMBER:

OWNER'S NAME & ADDRESS:

BUSINESS PHONE:

RESIDENCE PHONE:

**EBI AUTOMOBILE LOSS NOTICE (Cont'd)**

OTHER DRIVER'S NAME & ADDRESS:

BUSINESS PHONE:

RESIDENCE PHONE:

DESCRIBE DAMAGE:

ESTIMATE AMOUNT:

WHERE CAN DAMAGE BE SEEN?

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**INJURED**

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NAME & ADDRESS

PHONE

EXTENT OF INJURY

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**WITNESSES OR PASSENGERS**

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NAME & ADDRESS

PHONE

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ADDITIONAL REMARKS (include adjuster assigned):

REPORTED BY:

REPORTED TO:

**SIGNATURE OF PRODUCER OR INSURED** \_\_\_\_\_