



NORTH CAROLINA
ASSOCIATION OF COUNTY COMMISSIONERS

NCACC LOSS NOTICE		DATE OF LOSS AND TIME		DATE (MM/DD/YYYY)				
Organization:		SUBMITTED BY:						
PROPERTY LOSS NOTICE								
LOCATION OF LOSS:								
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)								
POLICY INFORMATION								
SUBJECT OF INSURANCE		AMOUNT		COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED				
<input type="checkbox"/> BLDG		<input type="checkbox"/> CNTS						
<input type="checkbox"/> BLDG		<input type="checkbox"/> CNTS						
<input type="checkbox"/> BLDG		<input type="checkbox"/> CNTS						
REMARKS/OTHER INSURANCE								
LIABILITY LOSS NOTICE								
LOCATION OF OCCURRENCE:								
DESCRIPTION OF OCCURRENCE:								
TYPE OF LIABILITY:								
PREMISES: INSURED IS <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER:					TYPE OF PREMISES			
OWNER'S NAME & ADDRESS (if not insured)						OWNER'S PHONE(A/C, No, Ext):		
INJURED/PROPERTY								
NAME & ADDRESS (Injured/Owner)				PHONE (A/C, No, Ext)				
DESCRIBE INJURY <input type="checkbox"/> FATALITY			WHERE TAKEN		WHAT WAS INJURED DOING?			
DESCRIBE PROPERTY (Type, model, etc)								
INSURED VEHICLE								
VEH #		YEAR		MAKE:				
				BODY TYPE:				
MODEL:		V.I.N.:						
DRIVER'S NAME & ADDRESS				BUSINESS PHONE (A/C, No, Ext)				
DESCRIBE DAMAGE			WHERE CAN VEHICLE BE SEEN?					
PROPERTY DAMAGE								
DESCRIBE PROPERTY (If auto, year, make)					OTHER VEH/PROP INS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
OWNER'S NAME & ADDRESS								
OTHER DRIVER'S NAME & ADDRESS								
DESCRIBE DAMAGE			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)			
FAX TO SCMS: (704) 423-6210								
* Use reverse for additional remarks			By:					