

ACORD™ AUTOMOBILE LOSS NOTICE

Loss ID# 17778

DATE (MM/DD/YY)

PRODUCER PHONE (A/C, No, Ext): 518 377-8822 Schenectady Insuring Agency 155 Erie Blvd. P.O. Box 1044 Schenectady, NY 12301		COMPANY Graphic Arts Mutual Insurance Company		MISCELLANEOUS INFO (Site & location code)	
CODE: U1688 SUB CODE:		EFFECTIVE DATE 07/01/03	EXPIRATION DATE 07/01/04	DATE OF ACCIDENT AND TIME	AM <input type="checkbox"/> PM <input type="checkbox"/>
AGENCY CUSTOMER ID: 16689		POLICY NUMBER BAC3017859		REFERENCE NUMBER	CAT #
				PREVIOUSLY REPORTED YES <input type="checkbox"/> NO <input type="checkbox"/>	

INSURED NAME AND ADDRESS Schenectady City School District District Office 108 Education Drive Schenectady, NY 12303		CONTACT CONTACT INSURED NAME AND ADDRESS Richard Yager		WHERE TO CONTACT	
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext) 518 370-8100		WHEN TO CONTACT	

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

POLICY INFORMATION						
BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT 1,000,000	MEDICAL PAYMENT 5,000	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc) PIP Lmt: 50,000 UM BI Lmt: 50,000
LOSS PAYEE					COLLISION DED	

UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	PER CLAIM	PER OCCUR
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INSURED VEHICLE				PLATE NUMBER	STATE NY
VEH #	YEAR	MAKE:	BODY TYPE:		
		MODEL:	V.I.N.:		

OWNER'S NAME & ADDRESS Schenectady City School District, District Office 108 Education Drive Schenectady NY 12303				RESIDENCE PHONE (A/C, No):	
DRIVER'S NAME & ADDRESS				BUSINESS PHONE (A/C, No, Ext):	
RELATION TO INSURED (Employee, family, etc.)				RESIDENCE PHONE (A/C, No):	
DATE OF BIRTH				BUSINESS PHONE (A/C, No, Ext):	
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
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PROPERTY DAMAGED			OTHER VEH/PROP INS? YES <input type="checkbox"/> NO <input type="checkbox"/>	COMPANY OR AGENCY NAME:
DESCRIBE PROPERTY (If auto, year, make, model, plate #)			POLICY #:	
OWNER'S NAME & ADDRESS			RESIDENCE PHONE (A/C, No):	
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)			BUSINESS PHONE (A/C, No, Ext):	
ESTIMATE AMOUNT			RESIDENCE PHONE (A/C, No):	
WHERE CAN DAMAGE BE SEEN?			BUSINESS PHONE (A/C, No, Ext):	

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 Eunice R. Maroto	SIGNATURE OF PRODUCER OR INSURED

Applicable in California

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

California Insurance Frauds Prevention Act 1871.2

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in New Jersey

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Pennsylvania

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.