

## Western Specialty Insurors, LLC

1116 Remington Plaza, Suite C

Raymore, MO 64083

(888) 866-3550 Fax: (816)623-5982

[info@rodeoins.com](mailto:info@rodeoins.com)



### Automobile Loss Report

Insured's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Contact Information**

Contact Name: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

#### **Loss Information**

Location of Accident (include city & state): \_\_\_\_\_

Description of Accident (use separate sheet if necessary): \_\_\_\_\_

Police Department to which reported: \_\_\_\_\_

Police report number: \_\_\_\_\_ Violation/Citation given: \_\_\_\_\_

#### **Insured Vehicle information**

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Describe damage: \_\_\_\_\_

#### **Other Drive Vehicle information**

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's phone: \_\_\_\_\_ Email: \_\_\_\_\_

Describe Damage: \_\_\_\_\_

Violation/Citation given: \_\_\_\_\_

**Injuries**

Name	Address	Phone	Age	Extent of injury	Which Vehicle

**Witnesses**

Name	Address	Phone

**Remarks:**

**PLEASE COMPLETE THE FORM AND FORWARD TO:**

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