



# PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	MISCELLANEOUS INFO (Site & location code)		DATE OF LOSS AND TIME		AM	PREVIOUSLY REPORTED	
						PM	YES	NO
FAX (A/C, No):		POLICY TYPE	COMPANY AND POLICY NUMBER		NAIC CODE		POLICY DATES	
E-MAIL ADDRESS:		PROP/HOME	CO:			EFF:		
CODE:			POL:			EXP:		
SUB CODE:		FLOOD	CO:			EFF:		
AGENCY CUSTOMER ID:			POL:			EXP:		
		WIND	CO:			EFF:		
			POL:			EXP:		

<b>INSURED</b>				<b>CONTACT</b>			
NAME AND ADDRESS OF INSURED				DATE OF BIRTH		NAME AND ADDRESS	
				SOC SEC # OR FEIN:			
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)					
CELL PHONE (A/C, No)		E-MAIL ADDRESS		RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)	
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)				DATE OF BIRTH		CELL PHONE (A/C, No)	
				SOC SEC # OR FEIN:		E-MAIL ADDRESS	
				WHERE TO CONTACT		WHEN TO CONTACT	

<b>LOSS</b>					
LOCATION OF LOSS				POLICE OR FIRE DEPT TO WHICH REPORTED	
KIND OF LOSS	<input type="checkbox"/> FIRE	<input type="checkbox"/> LIGHTNING	<input type="checkbox"/> FLOOD	<input type="checkbox"/> OTHER (explain)	PROBABLE AMOUNT ENTIRE LOSS
	<input type="checkbox"/> THEFT	<input type="checkbox"/> HAIL	<input type="checkbox"/> WIND		
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)					

<b>POLICY INFORMATION</b>												
MORTGAGEE												
<input type="checkbox"/> NO MORTGAGEE												
HOMEOWNER POLICIES SECTION 1 ONLY (Complete for coverages A, B, C, D & additional coverages. For Homeowners Section II Liability Losses, use ACORD 3.)												
A. DWELLING		B. OTHER STRUCTURES		C. PERSONAL PROPERTY		D. LOSS OF USE		DEDUCTIBLES		DESCRIBE ADDITIONAL COVERAGES PROVIDED		
										ON		
<input type="checkbox"/> COVERAGE A. EXCLUDES WIND												
SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)												
FIRE, ALLIED LINES & MULTI-PERIL POLICIES (Complete only those items involved in loss)												
ITEM	SUBJECT OF INSURANCE		AMOUNT	% COINS	DEDUCTIBLE	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										
SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)												
FLOOD POLICY	BUILDING:			DEDUCTIBLE:		ZONE	PRE FIRM	DIFF IN ELEV		FORM TYPE	GENERAL	CONDO
	CONTENTS:			DEDUCTIBLE:			POST FIRM				DWELLING	
WIND POLICY	BUILDING		DEDUCTIBLE	CONTENTS		ZONE	FORM TYPE	GENERAL		CONDO		
								DWELLING				
REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)/NY ONLY: PREVIOUS ADDRESS OF INSURED & WIFE'S MAIDEN NAME												
CAT #	FICO #		ADJUSTER ASSIGNED				ADJUSTER #		DATE ASSIGNED			
REPORTED BY		REPORTED TO		SIGNATURE OF INSURED				SIGNATURE OF PRODUCER				