



# PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

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

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

<b>LOSS</b>				<b>LOSS</b>	
LOCATION OF LOSS				POLICE OR FIRE DEPT TO WHICH REPORTED	
KIND OF LOSS	FIRE THEFT	LIGHTNING HAIL	FLOOD WIND	OTHER (explain)	PROBABLE AMOUNT ENTIRE LOSS
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
	BLDG <input type="checkbox"/> CNTS				
	BLDG <input type="checkbox"/> CNTS				
	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
	CONTENTS: DEDUCTIBLE:		POST FIRM		GENERAL DWELLING CONDO
WIND POLICY	BUILDING DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE	GENERAL DWELLING CONDO
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		