



# 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	
		POLICY TYPE	COMPANY AND POLICY NUMBER		NAIC CODE		PM	YES
FAX (A/C, No)	E-MAIL ADDRESS	PROP/HOME	CO				EFF	
			POL				EXP	
CODE	SUB CODE	FLOOD	CO				EFF	
			POL				EXP	
AGENCY CUSTOMER ID		WIND	CO				EFF	
			POL				EXP	

<b>INSURED</b>				<b>CONTACT</b>		CONTACT INSURED	
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)		RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)	
CELL PHONE (A/C, No)		E-MAIL ADDRESS					
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>					POLICE OR FIRE DEPT TO WHICH REPORTED		
LOCATION OF LOSS							
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			
	BLDG <input type="checkbox"/> CNTS							
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	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	ZONE	FORM TYPE	GENERAL	CONDO		
	CONTENTS				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		