



FILL OUT ITEMS HIGHLIGHTED IN YELLOW

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	POLICY DATES
			PROP/ HOME	CO:				EFF:
POL:					EXP:			
			FLOOD	CO:				EFF:
POL:					EXP:			
			WIND	CO:				EFF:
POL:					EXP:			
FAX (A/C, No): E-MAIL ADDRESS: CODE: SUB CODE: AGENCY CUSTOMER ID:								

INSURED

NAME AND ADDRESS OF INSURED			DATE OF BIRTH	CONTACT			CONTACT INSURED
			SOC SEC # OR FEIN:				
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

LOSS

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)						

POLICY INFORMATION

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	GENERAL DWELLING	CONDO
	CONTENTS:		DEDUCTIBLE:		POST FIRM				
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