



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

INSURED		CONTACT		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)			
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

LOSS			POLICE OR FIRE DEPT TO WHICH REPORTED	
LOCATION OF LOSS				PROBABLE AMOUNT ENTIRE LOSS
KIND OF LOSS	FIRE THEFT	LIGHTNING HAIL	FLOOD WIND	OTHER (explain)
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						