



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):	E-MAIL ADDRESS:	POLICY TYPE	COMPANY AND POLICY NUMBER	NAIC CODE	POLICY DATES	
		PROP/ HOME	CO:		EFF:	
CODE:	SUB CODE:	FLOOD	POL:		EXP:	
		WIND	CO:		EFF:	
AGENCY CUSTOMER ID:			POL:		EXP:	

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:		CELL PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)		DATE OF BIRTH	RESIDENCE 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	FIRE THEFT	LIGHTNING HAIL	FLOOD WIND	OTHER (explain)	PROBABLE AMOUNT ENTIRE LOSS
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)					

POLICY INFORMATION

MORTGAGEE
 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

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