



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
CODE:	PROP/HOME	CO:		EFF:
AGENCY CUSTOMER ID:		POL:		EXP:
	FLOOD	CO:		EFF:
		POL:		EXP:
	WIND	CO:		EFF:
		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)		
E-MAIL ADDRESS:		E-MAIL ADDRESS:	
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)	DATE OF BIRTH	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)
	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									
<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				
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 <input type="checkbox"/>								
	BLDG <input type="checkbox"/> CNTS <input type="checkbox"/>								
	BLDG <input type="checkbox"/> CNTS <input type="checkbox"/>								
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				