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| PROPERTY LOSS NOTICE | | | | | | | | | | | | | | | | | | | | | | | | | | | Date (MM/DD/YY) | | |
| Producer | | | | | | | | | | | Producer Phone Number (A/C, No., Ext.) | | | | | | | | Miscellaneous Information/Claim No. | | | | | | | | | | |
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|  | | | | | | | | | | | Company | | | | | | | | Policy Number | | | | | | | | | Cat # | |
|  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
|  | | | | | | | | | | | Policy Eff. Date (MM/DD/YY) | | | | | | | | Policy Exp. Date (MM/DD/YY) | | | | Date (MM/DD/YY) & Time of Loss          AM PM | | | | | | |
| Insured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name & Address | | | | | | | | | | | Insured's Residence Phone (A/C, No.) | | | | | | | | | | Insured's Business Phone (A/C, No., Ext.) | | | | | | | | |
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|  | | | | | | | | | | | Person to Contact | | | | | | | | | | Where and When to Contact | | | | | | | | |
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|  | | | | | | | | | | | Contact's Residence Phone (A/C, No.) | | | | | | | | | | Contact's Business Phone (A/C, No., Ext.) | | | | | | | | |
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| Loss | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  |
| Location of Loss (Including city & state) | | | | | | | | | | | | Police or Fire Dept. to which reported and Report No. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Kind of Loss (Fire, Wind, Explosion, Etc.) | | | | | | | | | | | | Probable Amount Entire Loss | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Description of Loss and Damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Policy Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Homeowner Policies Section 1 Only (Complete for coverages A, B, C, D & additional coverages.  For Homeowners Section II Liability Losses, Use ACORD 3) | | | | | | | | | | | | | | | | | | | | Mortgagee (If None so Indicate) | | | | | | | | | |
| Coverage A | | Coverage B | | | Coverage C | | | | | Coverage D | | | | | Describe Additional Coverages Provided | | | | | | | | | | | | | | |
| Dwelling | | Appurtenant Private Structures | | | Unscheduled Personal Property | | | | | Additional Living Expenses | | | | |  | | | | | | | | | | | | | | |
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| Subject To Forms (Insert form Nos. & edition dates, special deductibles) | | | | | | | | | | | | | | | | | | | | | | | | | | Deductible | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Fire, Allied Lines & Multi-Peril Policies (Complete only those items involved in loss) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item | Amount | | | Bldg. | | Contents | | | Other | | | | | % Coins | | | Deductible | | | | | Coverage and/or description of Property Insured | | | | | | | |
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| Subject To Forms (Insert form No.s. & edition dates, special deductibles) | | | | | | | | | | | | | | | | | Mortgagee (If None So Indicate) | | | | | | | | | | | | |
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| Miscellaneous Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Insurance (List companies, policy numbers, coverages & policy amounts) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Remarks/Instructions Given to Insured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Assigned Adjuster Name, Phone and Fax No. | | | | | | | | | | | | | | | | | | | | | | | | | Date Assigned (MM/DD/YY) | | | | |
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| Reported By: | | | | | | | | Reported To: | | | | | | | | Signature of Producer or Insured | | | | | | | | | | | | | |
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