|  |  |
| --- | --- |
| PROPERTY LOSS NOTICE | Date (MM/DD/YY)      |
| Producer | Producer Phone Number (A/C, No., Ext.) | Miscellaneous Information/Claim No. |
|       |       |       |
|       | 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.) |
|       |       |       |
|       | Person to Contact | Where and When to Contact |
|       |       |       |
|       | Contact's Residence Phone (A/C, No.) | Contact's Business Phone (A/C, No., Ext.) |
|  |       |       |
| 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 |
|       |
| 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 | AppurtenantPrivateStructures | UnscheduledPersonalProperty | AdditionalLivingExpenses |  |
|       |       |       |       |       |
| 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 |
|    |       | [ ]  | [ ]  |       |       |       |       |
|    |       | [ ]  | [ ]  |       |       |       |       |
|  |  |  |  |  |  |  |  |
| Subject To Forms (Insert form No.s. & edition dates, special deductibles)  | Mortgagee (If None So Indicate) |
|       |       |
| Miscellaneous Information |
| Other Insurance (List companies, policy numbers, coverages & policy amounts) |
|       |
|       |
|       |
| Remarks/Instructions Given to Insured  |
|       |
|       |
|       |
|       |
|       |
| Assigned Adjuster Name, Phone and Fax No. | Date Assigned (MM/DD/YY) |
|       |       |
| Reported By: | Reported To: | Signature of Producer or Insured |
|       |       |  |