

# ACORD™ PROPERTY LOSS NOTICE

DATE (MM/DD/YY)

PRODUCER	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:	
		FLOOD	CO: POL:		EFF: EXP:		
		WIND	CO: POL:		EFF: EXP:		
CODE:	SUB CODE:						
AGENCY CUSTOMER ID							

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS	SOC SEC #:	NAME AND ADDRESS			WHERE TO CONTACT
					WHEN TO CONTACT
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)		

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)						
CAT #	FICO #	ADJUSTER ASSIGNED		ADJUSTER #	DATE ASSIGNED	
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER			