

<b>PROPERTY LOSS NOTICE</b>				<b>DATE OF REPORT</b>			
PRODUCER PHONE:		MISCELLANEOUS INFO (site & location code)		DATE OF OCCURRENCE		PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
				TIME OF OCCURRENCE <input type="checkbox"/> AM <input type="checkbox"/> PM			
POLICY TYPE		COMPANY & POLICY NO.		NAIC CODE		POLICY DATES	
PROP/HOME		CO				EFF	
		POL <b>JIF/MEL</b>				EFF	
CODE		SUB CODE		FLOOD		CO	
						EFF	
				POL		EFF	
AGENCY CUSTOMER ID		WIND		CO		EFF	
				POL		EFF	

INSURED		CONTACT		<input type="checkbox"/> Contact Insured					
NAME AND ADDRESS		SOC. SEC#		NAME AND ADDRESS OF WHO TO CONTACT		WHERE TO CONTACT			
RESIDENCE PHONE (A/C NO.)		BUSINESS PHONE (A/C NO. EXT)		RESIDENCE PHONE (A/C NO.)		BUSINESS PHONE (A/C NO. EXT)		WHEN TO CONTACT	

LOSS							
LOCATION OF LOSS				POLICE OR FIRE DEPT TO WHICH REPORTED			
KIND OF LOSS <input type="checkbox"/> FIRE <input type="checkbox"/> THEFT <input type="checkbox"/> LIGHTNING <input type="checkbox"/> HAIL <input type="checkbox"/> FLOOD <input type="checkbox"/> WIND <input type="checkbox"/> OTHER (explain)						PROBABLE AMOUNT ENTIRE LOSS	
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)							
REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)							
REPORTED BY				REPORTED TO			

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 ACCORD 3).											
A. DWELLING		B. OTHER STRUCTURES		C. PERSONAL PROPERTY		D. LOSS OF USE		DEDUCTIBLE		ADDITIONAL COVERAGES PROVIDED	
										on	
<input type="checkbox"/> 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				
	<input type="checkbox"/> BLDG <input type="checkbox"/> CONTENTS										
	<input type="checkbox"/> BLDG <input type="checkbox"/> CONTENTS										
	<input type="checkbox"/> BLDG <input type="checkbox"/> CONTENTS										
SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)											
FLOOD POLICY	BUILDING		DED		ZONE	<input type="checkbox"/> PRE FIRM <input type="checkbox"/> POST FIRM		DIFF IN ELEV	FORM TYPE	<input type="checkbox"/> GENERAL <input type="checkbox"/> CONDO <input type="checkbox"/> DWELLING	
	CONTENTS		DED								
WIND POLICY	BUILDING	DEDUCTIBLE	CONENTS		ZONE	FORM TYPE		<input type="checkbox"/> GENERAL <input type="checkbox"/> CONDO <input type="checkbox"/> DWELLING			
CAT #	FICO #	ADJUSTER ASSIGNED				ADJUSTER #			DATE ASSIGNED		