



PROPERTY LOSS NOTICE

DATE (MM/DD/YY)

PRODUCER <input type="checkbox"/>		PRODUCER PHONE (A/C, NO., EXT.)	FOR COMPANY USE ONLY		
CODE		COMPANY		POLICY NUMBER	CAT. #
SUB CODE		POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	DATE (MM/DD/YY) & TIME OF LOSS	
				A.M.	YES
				P.M.	NO

INSURED		INSURED'S RESIDENCE PHONE (A/C, NO.)		INSURED'S BUSINESS PHONE (A/C, NO., EXT.)	
NAME AND ADDRESS		PERSON TO CONTACT			WHERE TO CONTACT
					WHEN
		CONTACT'S RESIDENCE PHONE (A/C, NO.)		CONTACT'S BUSINESS PHONE (A/C, NO., EXT.)	

LOSS	
LOCATION OF LOSS	POLICE OR FIRE DEPT. TO WHICH REPORTED
KIND OF LOSS (FIRE, WIND, EXPLOSION, ETC.)	PROBABLE AMOUNT ENTIRE LOSS \$
DESCRIPTION OF LOSS & DAMAGE (USE REVERSE SIDE, IF NECESSARY)	

POLICY INFORMATION				
MORTGAGEE, IF NONE SO INDICATE				
HOMEOWNER POLICIES SECTION I ONLY (COMPLETE FOR COVERAGES A, B, C, D & ADDITIONAL COVERAGES. FOR HOMEOWNERS SECTION II LIABILITY LOSSES, USE ACORD 3)				
COVERAGE A	COVERAGE B	COVERAGE C	COVERAGE D	DESCRIBE ADDITIONAL COVERAGES PROVIDED
DWELLING	APPURTENANT PRIVATE STRUCTURES	UNSCHEDULED PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	\$ ON
\$	\$	\$	\$	\$ ON
SUBJECT TO FORMS. (INSERT FORM NOS. & EDITION DATES, SPECIAL DEDUCTIBLES)				DEDUCTIBLES

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 NOS. & EDITION DATES, SPECIAL DEDUCTIBLES)							

MISCELLANEOUS INFORMATION	
OTHER INSURANCE (LIST COMPANIES, POLICY NUMBERS, COVERAGES & POLICY AMOUNTS)	
REMARKS	

ADJUSTER ASSIGNED	DATE ASSIGNED (MM/DD/YY)
REPORTED BY	REPORTED TO
	SIGNATURE OF PRODUCER OR INSURED