

# ACORD™ PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

PRODUCER PHONE (A/C, No, Ext):  CODE: AGENCY CUSTOMER ID	MISCELLANEOUS INFO (Site & location code)  POLICY TYPE  PROP/ HOME FLOOD  WIND	DATE OF LOSS AND TIME  COMPANY AND POLICY NUMBER  NAIC CODE	AM PM	PREVIOUSLY REPORTED YES: NO
			POLICY DATES EFF: EXP: EFF: EXP: EFF: EXP:	

INSURED		CONTACT	
NAME AND ADDRESS OF INSURED  RESIDENCE PHONE (A/C, No)  NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)	DATE OF BIRTH  SOC SEC # OR FEIN:  BUSINESS PHONE (A/C, No, Ext)  DATE OF BIRTH  SOC SEC # OR FEIN:	NAME AND ADDRESS OF INSURED  RESIDENCE PHONE (A/C, No)  WHERE TO CONTACT	CONTACT INSURED  BUSINESS PHONE (A/C, No, Ext)  WHEN TO CONTACT

LOCATION OF LOSS  KIND OF LOSS DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)	POLICE OR FIRE DEPT TO WHICH REPORTED  PROBABLE AMOUNT ENTIRE LOSS
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POLICY INFORMATION					
MORTGAGEE 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	COVERAGES AND/OR DESCRIPTION OF PROPERTY INSURED
	BLDG CNTS				
	BLDG CNTS				
	BLDG CNTS				
SUBJECT TO FORMS (insert form numbers and edition dates, special deductibles)					
FLOOD POLICY	BUILDING: DEDUCTIBLE:	ZONE	PRE FIRM	DIFF IN ELEV	FORM TYPE
	CONTENTS: DEDUCTIBLE:		POST FIRM		GENERAL DWELLING
WIND POLICY	BUILDING DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE	GENERAL DWELLING
					CONDO
REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts) NY ONLY: PREVIOUS ADDRESS OF INSURED & WIFE'S MAIDEN NAME					
CAT #	FICO #	ADJUSTER ASSIGNED		ADJUSTER #	DATE ASSIGNED
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED		SIGNATURE OF PRODUCER	