

ACORD™ PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

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

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

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

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	COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED
	BLDG <input type="checkbox"/> CNTS				
	BLDG <input type="checkbox"/> CNTS				
	BLDG <input type="checkbox"/> CNTS				

SUBJECT TO FORMS (insert form numbers and edition dates, special deductibles)

FLOOD POLICY	BUILDING:	DEDUCTIBLE:	ZONE	PRE FIRM	DIFF IN ELEV	FORM TYPE	GENERAL	CONDO
	CONTENTS:	DEDUCTIBLE:		POST FIRM			DWELLING	
WIND POLICY	BUILDING	DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE	GENERAL	CONDO	
						DWELLING		

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	