

<b>ACORD™ PROPERTY LOSS NOTICE</b>							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					EFF:	
				POL:					EXP:	

<b>INSURED</b>				<b>CONTACT</b>		CONTACT INSURED	
NAME AND ADDRESS OF INSURED			DATE OF BIRTH	NAME AND ADDRESS OF 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)		BUSINESS PHONE (A/C, No, Ext)	
			SOC SEC # OR FEIN:	WHERE TO CONTACT		WHEN TO CONTACT	

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

<b>POLICY INFORMATION</b>						
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	
<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	
	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
	CONTENTS:	DEDUCTIBLE:		POST FIRM		GENERAL DWELLING
WIND POLICY	BUILDING	DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE	CONDO
					GENERAL 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		