



PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY	INSURED LOCATION CODE	DATE OF LOSS AND TIME		AM
				PM
PROPERTY / HOME POLICY				
CARRIER			NAIC CODE	
CONTACT NAME:				
PHONE (A/C, No. Ext):				
FAX (A/C, No.):				
E-MAIL ADDRESS:				
CODE:		SUBCODE:		
AGENCY CUSTOMER ID:				
POLICY NUMBER				
FLOOD POLICY				
CARRIER			NAIC CODE	
POLICY NUMBER				
WIND POLICY				
CARRIER			NAIC CODE	
POLICY NUMBER				

INSURED		
NAME OF INSURED (First, Middle, Last)		INSURED'S MAILING ADDRESS
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:
		SECONDARY E-MAIL ADDRESS:
NAME OF SPOUSE (First, Middle, Last) (if applicable)		SPOUSE'S MAILING ADDRESS (if applicable)
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:
		SECONDARY E-MAIL ADDRESS:

CONTACT	CONTACT INSURED	
NAME OF CONTACT (First, Middle, Last)		CONTACT'S MAILING ADDRESS
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
WHEN TO CONTACT		PRIMARY E-MAIL ADDRESS:
		SECONDARY E-MAIL ADDRESS:

LOSS	
LOCATION OF LOSS	POLICE OR FIRE DEPARTMENT CONTACTED
STREET:	
CITY, STATE, ZIP:	REPORT NUMBER
COUNTRY:	

DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:			
KIND OF LOSS	FIRE <input type="checkbox"/>	LIGHTNING <input type="checkbox"/>	FLOOD <input type="checkbox"/>
	THEFT <input type="checkbox"/>	HAIL <input type="checkbox"/>	WIND <input type="checkbox"/>
			PROBABLE AMOUNT ENTIRE LOSS

DESCRIPTION OF LOSS & DAMAGE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REPORTED BY	REPORTED TO
-------------	-------------