

ACORD™ PROPERTY LOSS NOTICE							DATE			
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:	

INSURED				CONTACT		CONTACT INSURED	
NAME AND ADDRESS OF INSURED			DATE OF BIRTH		NAME AND ADDRESS OF CONTACT		
			SOC SEC #:				
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 #:		WHERE TO CONTACT		WHEN TO CONTACT

LOSS						
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)						

POLICY INFORMATION											
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					
	<input type="checkbox"/> BLDG	<input type="checkbox"/> CNTS									
	<input type="checkbox"/> BLDG	<input type="checkbox"/> CNTS									
	<input type="checkbox"/> 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			