

Property Loss Notice

PRODUCER	1 PRODUCER	(FOR COMPANY USE)	CLAIM NO
	2 PRODUCER CODE		COMPANY
3 POLICY NUMBER		POLICY DATES	MISCELLANEOUS INFORMATION
4 LAST NAME		FIRST	INITIAL
5 PROPERTY ADDRESS		ZIP	SPECIAL ID OR SOCIAL SECURITY NO
MAIL ADDRESS, IF DIFFERENT		RESIDENCE PHONE	BUSINESS PHONE
6 WHERE CAN INSURED BE CONTACTED?		WHEN?	

INSURED	7 DATE AND TIME OF LOSS	AM	LOSS LOCATION IF DIFFERENT THAN PROPERTY ADDRESS	POLICE TO WHOM REPORTED (THEFT)
		PM		
LOSS	8 KIND OF LOSS (fire, wind, explosion, etc.)	PROBABLE AMT ENTIRE LOSS	PROBABLE AMT. THIS POLICY	CAT. #
	9 DESCRIPTION OF LOSS & DAMAGE (Use Reverse if Necessary)	\$	\$	

POLICY INFORMATION	10 MORTGAGEE • If none, so indicate
	11 FIRE, ALLIED LINES & MULTI PERIL POLICIES • Complete below only items involved in loss

ITEM	AMOUNT	BLDG	CTS	OTHER	% COINS	Coverage and/or Description of Property Insured
11	\$					
12	\$					
13	\$					

MISCELLANEOUS	14 HOMEOWNERS POLICIES • Complete below Coverages A,B,C,D & additional coverages EXCEPT LIABILITY
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	COVERAGE A	COVERAGE B	COVERAGE C	COVERAGE D	DESCRIBE ADDITIONAL COVERAGES PROVIDED
14 S	DWELLING	APPURTENANT PRIVATE STRUCTURES	UNSCHEDULED PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	\$ ON
15 C	\$	\$	\$	\$	\$ ON
16 I	PERCENT OF COINSURANCE APPLICABLE				\$ ON

17 SUBJECT TO FORM NOS • Insert form nos & edition dates.		
18 DEDUCTIBLE WINDSTORM & HAIL	DEDUCTIBLE OTHER PERILS	DEDUCTIBLE MISCELLANEOUS • Explain
\$	\$	\$
19 OTHER INSURANCE • List names of companies, policy numbers & amounts		
20 REMARKS • If emergency handling required or if subrogation possibilities, explain:		
ADJUSTER ASSIGNED		

DATE	REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED
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