

# ACORD™ PROPERTY LOSS NOTICE

DATE  
1/30/2014 12:45:36 PM

PRODUCER	PHONE (A/C, No, Ext): [Agent's Ph #]	MISCELLANEOUS INFO (Site & location code)	DATE OF LOSS AND TIME [Date of Loss]   [Time of Loss]		PREVIOUSLY REPORTED
[Agency Name]	POLICY TYPE	COMPANY AND POLICY NUMBER		NAIC CODE	POLICY DATES
	PROP/HOME	CO:	[Policy #]		EFF:
		POL:			EXP:
	FLOOD	CO:			EFF:
	POL:			EXP:	
CODE:	SUB CODE:	WIND	CO:		EFF:
			POL:		EXP:
AGENCY CUSTOMER ID					

<b>INSURED</b>		<b>CONTACT</b>		<input type="checkbox"/>	CONTACT INSURED
NAME AND ADDRESS OF INSURED [Insured Name / Address]		DATE OF BIRTH	NAME AND ADDRESS OF CONTACT [Insured Contact Person Name]		
		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	

LOCATION OF LOSS	POLICE OR FIRE DEPT TO WHICH REPORTED	
KIND OF LOSS	PROBABLE AMOUNT ENTIRE LOSS	
DESCRIPTION OF LOSS & DAMAGE		

<b>POLICY INFORMATION</b>					
MORTGAGEE <input type="checkbox"/> NO MORTGAGEE					
REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)					
CAT #	FICO #	ADJUSTER ASSIGNED		ADJUSTER #	DATE ASSIGNED
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED		SIGNATURE OF PRODUCER	