

PROPERTY LOSS NOTICE

BROKER/AGENT	1 AGENT OR BROKER NAME AND ADDRESS				(FOR COMPANY USE)		CLAIM NO.			
							INSURER			
INSURED	2 TELEPHONE NO.				BROKER/AGENCY CODE		PREVIOUSLY REPORTED?	REPORTED TO ADJUSTER <input type="checkbox"/> INSURER <input type="checkbox"/>		
							<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME:		
LOSS	3 POLICY NO. (INCLUDING PREFIX)				POLICY DATES		MISCELLANEOUS INFORMATION ETC.			
					FROM D M Y TO D M Y					
	4 NAME OF INSURED (AS STATED IN THE POLICY)									
	5 ADDRESS				RESIDENCE PHONE				BUSINESS PHONE	
POLICY INFORMATION	6 WHERE CAN INSURED BE CONTACTED				WHEN					
ADJUSTER	7 DATE & TIME OF LOSS				LOCATION OF LOSS IF DIFFERENT THAN ADDRESS ABOVE					
LOSS	8 KIND OF LOSS (FIRE, WIND, THEFT, ETC.)				PROBABLE AMT., ENTIRE LOSS		PROBABLE AMT., THIS POLICY			
					\$		\$			
	9 REPORTED TO FIRE DEPT. STATION:				POLICE INVESTIGATION BY: (M.D. & THEFT) (NAME OF CONSTABLE AND FORCE)					
POLICY INFORMATION	10 DESCRIPTION OF LOSS OR DAMAGE									
POLICY INFORMATION	11 MORTGAGEE(S) (IF NONE, INDICATE)									
	FIRE & E.C., MULTI-PERIL & BURGLARY POLICIES (COMPLETE ONLY ITEMS BELOW INVOLVED IN LOSS)									
	ITEM	AMOUNT	BLDG.	CNTS.	OTHER	% CO. INS.	COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED			
	12	\$								
	13	\$								
	14	\$								
	15 FORM NOS. APPLICABLE (SHOW NO. & EDITION DATE)					DEDUCTIBLE (INDICATE COVERAGE AND/OR PERILS TO WHICH IT APPLIES)				
						\$				
	HOMEOWNERS PACKAGE POLICIES (COMPLETE COVERAGES A, B, C, D AND ADDITIONAL COVERAGES INCLUDING FIRE LEGAL LIABILITY)									
	COVERAGE A		COVERAGE B		COVERAGE C		COVERAGE D		ADDITIONAL COVERAGES	
DWELLING BUILDINGS		PRIVATE STRUCTURES		PERSONAL PROPERTY		ADDITIONAL LIVING EXPENSE		\$ ON		
16 \$		\$		\$		\$		\$ ON		
17 ANY DAMAGE TO ADJACENT PROPERTIES (GIVE DETAILS)							\$ ON			
18 FORM NOS. APPLICABLE (SHOW NO. & EDITION DATE)					DEDUCTIBLE (INDICATE COVERAGE AND/OR PERILS TO WHICH IT APPLIES)					
					\$					
MISCELLANEOUS	19 OTHER INSURANCE (LIST NAMES OF INSURERS, POLICY NOS. & AMOUNTS)									
MISCELLANEOUS	20 REMARKS (IF EMERGENCY HANDLING REQUIRED OR IF SUBROGATION POSSIBILITIES, EXPLAIN)									
ADJUSTER	21 THIS CLAIM HAS BEEN ASSIGNED TO THE FOLLOWING ADJUSTER:						REPORTED BY		DATE	
	NAME								D M Y	
FIRM						BROKER/AGENCY SIGNATURE				
ADDRESS										
TEL. NO.						DATE & TIME ASSIGNED:				