

ACORDTM 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:	
	POL:						EXP:	
WIND	CO:						EFF:	
	POL:						EXP:	
CODE:	SUB CODE:							
AGENCY CUSTOMER ID								

INSURED			CONTACT		CONTACT INSURED
NAME AND ADDRESS OF INSURED			DATE OF BIRTH	NAME AND ADDRESS OF INSURED	
			SOC SEC # OR FEIN:		
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 # OR FEIN:	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"/> THEFT	<input type="checkbox"/> LIGHTNING <input type="checkbox"/> HAIL	<input type="checkbox"/> FLOOD <input type="checkbox"/> WIND	<input type="checkbox"/> OTHER (explain)	PROBABLE AMOUNT ENTIRE LOSS
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: CONTENTS:	DEDUCTIBLE: DEDUCTIBLE:	ZONE	PRE FIRM POST FIRM	DIFF IN ELEV FORM TYPE	
WIND POLICY	BUILDING	DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE GENERAL DWELLING CONDO	
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	