

ACORDTM PROPERTY LOSS NOTICE														DATE			
PRODUCER PHONE (A/C, No, Ext):				MISCELLANEOUS INFO (Site & location code)				DATE OF LOSS AND TIME				AM		PREVIOUSLY REPORTED YES NO			
												PM					
				POLICY TYPE		COMPANY AND POLICY NUMBER				NAIC CODE		POLICY DATES					
				PROP/ HOME		CO:				EFF:							
				POL:		EXP:											
CODE:				SUB CODE:				FLOOD		CO:		EFF:					
AGENCY CUSTOMER ID				WIND		CO:		EXP:									
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"/> 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	<input type="checkbox"/> PRE FIRM	DIFF IN ELEV		FORM TYPE	<input type="checkbox"/> GENERAL	<input type="checkbox"/> CONDO						
	CONTENTS:		DEDUCTIBLE:			<input type="checkbox"/> POST FIRM				<input type="checkbox"/> DWELLING							
WIND POLICY	BUILDING		DEDUCTIBLE	CONTENTS		ZONE	FORM TYPE	<input type="checkbox"/> GENERAL	<input type="checkbox"/> CONDO								
							<input type="checkbox"/> 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									