

<b>ACORD<sup>TM</sup> PROPERTY LOSS NOTICE</b>							DATE (MM/DD/YYYY)			
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										

<b>INSURED</b>				<b>CONTACT</b>		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	

<b>LOSS</b>					
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)					

<b>POLICY INFORMATION</b>					
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
	BLDG <input type="checkbox"/> CNTS				
	BLDG <input type="checkbox"/> CNTS				
	BLDG <input type="checkbox"/> CNTS				
SUBJECT TO FORMS (insert form numbers and edition dates, special deductibles)					
FLOOD POLICY	BUILDING:	DEDUCTIBLE:	ZONE	PRE FIRM	DIFF IN ELEV
	CONTENTS:	DEDUCTIBLE:		POST FIRM	FORM TYPE
					GENERAL
					CONDO
WIND POLICY	BUILDING	DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE
					GENERAL
					CONDO
					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	