

PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

| | | | |
|-----------------------|------------------------|-----------------------|--|
| AGENCY | INSURED LOCATION CODE | DATE OF LOSS AND TIME | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | PROPERTY / HOME POLICY | | |
| | CARRIER | NAIC CODE | |
| CONTACT NAME: | POLICY NUMBER | LINE OF BUSINESS | |
| PHONE (A/C. No. Ext): | | | |
| FAX (A/C. No.): | FLOOD POLICY | | |
| E-MAIL ADDRESS: | CARRIER | NAIC CODE | |
| CODE: | SUBCODE: | | |
| AGENCY CUSTOMER ID: | POLICY NUMBER | | |
| | WIND POLICY | | |
| | CARRIER | NAIC CODE | |
| | POLICY NUMBER | | |

INSURED

| | | | | | |
|--|--|--|--|--|--|
| NAME OF INSURED (First, Middle, Last) | | | INSURED'S MAILING ADDRESS | | |
| DATE OF BIRTH | FEIN (if applicable) | MARITAL STATUS / CIVIL UNION (if applicable) | | | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | | PRIMARY E-MAIL ADDRESS: | | |
| | | | SECONDARY E-MAIL ADDRESS: | | |
| NAME OF SPOUSE (First, Middle, Last) (if applicable) | | | SPOUSE'S MAILING ADDRESS (if applicable) | | |
| DATE OF BIRTH | FEIN (if applicable) | MARITAL STATUS / CIVIL UNION (if applicable) | | | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | | PRIMARY E-MAIL ADDRESS: | | |
| | | | SECONDARY E-MAIL ADDRESS: | | |

CONTACT

CONTACT INSURED

| | | | | | |
|--|--|--|---------------------------|--|--|
| NAME OF CONTACT (First, Middle, Last) | | | CONTACT'S MAILING ADDRESS | | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | | | | |
| WHEN TO CONTACT | | | PRIMARY E-MAIL ADDRESS: | | |
| | | | SECONDARY E-MAIL ADDRESS: | | |

LOSS

| | | | |
|--|--|-------------------------------------|--|
| LOCATION OF LOSS | | POLICE OR FIRE DEPARTMENT CONTACTED | |
| STREET: | | | |
| CITY, STATE, ZIP: | | REPORT NUMBER | |
| COUNTRY: | | | |
| DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS: | | | |
| KIND OF LOSS | <input type="checkbox"/> FIRE <input type="checkbox"/> LIGHTNING <input type="checkbox"/> FLOOD <input type="checkbox"/> _____ <input type="checkbox"/> THEFT <input type="checkbox"/> HAIL <input type="checkbox"/> WIND | PROBABLE AMOUNT ENTIRE LOSS | |
| DESCRIPTION OF LOSS & DAMAGE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | |
| REPORTED BY | | REPORTED TO | |

INJURED / PROPERTY DAMAGED

AGENCY CUSTOMER ID: _____

| | | | | | |
|---------------------------------------|--|-------------------|--|-----------------|--|
| NAME & ADDRESS (Injured/Owner) | | | EMPLOYER'S NAME & ADDRESS | | |
| PRIMARY PHONE # | <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # | <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY PHONE # | <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| PRIMARY E-MAIL ADDRESS: | | | PRIMARY E-MAIL ADDRESS: | | |
| SECONDARY E-MAIL ADDRESS: | | | SECONDARY E-MAIL ADDRESS: | | |
| AGE | SEX | OCCUPATION | DESCRIBE INJURY | | |
| WHERE TAKEN | | | WHAT WAS INJURED DOING? | | |
| DESCRIBE PROPERTY (Type, model, etc.) | | ESTIMATE AMOUNT | WHERE CAN PROPERTY BE SEEN? | | |

WITNESSES

| | | | | |
|---------------------------|-----------------|--|-------------------|--|
| NAME AND ADDRESS | PRIMARY PHONE # | <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # | <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| PRIMARY E-MAIL ADDRESS: | | | | |
| SECONDARY E-MAIL ADDRESS: | | | | |
| NAME AND ADDRESS | PRIMARY PHONE # | <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # | <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| PRIMARY E-MAIL ADDRESS: | | | | |
| SECONDARY E-MAIL ADDRESS: | | | | |
| NAME AND ADDRESS | PRIMARY PHONE # | <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # | <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| PRIMARY E-MAIL ADDRESS: | | | | |
| SECONDARY E-MAIL ADDRESS: | | | | |

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| | |
|-------------|-------------|
| REPORTED BY | REPORTED TO |
|-------------|-------------|