



Property Loss Notice

PRODUCER	1 PRODUCER		(FOR COMPANY USE)		CLAIM NO.			
	2 PRODUCER CODE				COMPANY			
				PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO				
3 POLICY NUMBER		POLICY DATES		MISCELLANEOUS INFORMATION				
INSURED	4 LAST NAME		FIRST	INITIAL	SPECIAL I.D. OR SOCIAL SECURITY NO.			
	5 PROPERTY ADDRESS				ZIP	RESIDENCE PHONE	BUSINESS PHONE	
	MAIL ADDRESS, IF DIFFERENT						ZIP	
6 WHERE CAN INSURED BE CONTACTED?				WHEN?				
LOSS	7 DATE AND TIME OF LOSS		AM	LOSS LOCATION IF DIFFERENT THAN PROPERTY ADDRESS		POLICE TO WHOM REPORTED (THEFT)		
			PM					
	8 KIND OF LOSS (fire, wind, explosion, etc.)			PROBABLE AMT., ENTIRE LOSS	PROBABLE AMT., THIS POLICY	CAT. #		
				\$	\$			
9 DESCRIPTION OF LOSS & DAMAGE (Use Reverse, if Necessary.)								
10 MORTGAGEE • If none, so indicate.								
FIRE, ALLIED LINES & MULTI-PERIL POLICIES • Complete below only items involved in loss.								
POLICY INFORMATION	11	ITEM	AMOUNT	BLDG.	CTS.	OTHER	% COINS.	Coverage and/or Description of Property Insured.
			\$					
	12		\$					
	13		\$					
HOMEOWNERS POLICIES • Complete below Coverages A,B,C,D & additional coverages, EXCEPT LIABILITY.								
POLICY INFORMATION	14	COVERAGE A	COVERAGE B	COVERAGE C	COVERAGE D	DESCRIBE ADDITIONAL COVERAGES PROVIDED.		
	S	DWELLING	APPURTENANT PRIVATE STRUCTURES	UNSCHEDULED PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	\$	ON	
	15	C	\$	\$	\$	\$	ON	
16	I	PERCENT OF COINSURANCE APPLICABLE				\$	ON	
17 SUBJECT TO FORM NOS. • Insert form nos. & edition dates.								
18 DEDUCTIBLE WINDSTORM & HAIL		DEDUCTIBLE OTHER PERILS		DEDUCTIBLE MISCELLANEOUS • Explain.				
\$		\$		\$				
19 OTHER INSURANCE • List names of companies, policy numbers & amounts.								
MISCELLANEOUS	20 REMARKS • If emergency handling required or if subrogation possibilities, explain:							
						ADJUSTER ASSIGNED		

DATE

REPORTED BY

REPORTED TO

SIGNATURE OF PRODUCER OR INSURED