

Property Loss Notice

CLAIM NO. _____

AGENT'S NAME AND ADDRESS	DATE AND TIME OF LOSS	A.M.	POLICE TO WHOM REPORTED
		P.M.	
	KIND OF LOSS	PROBABLE AMOUNT OF LOSS	
LOSS LOCATION			

POLICY NUMBER	POLICY DATES
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INSURED NAME

PROPERTY ADDRESS	RESIDENCE PHONE	BUSINESS PHONE
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MAIL ADDRESS

WHERE CAN INSURED BE CONTACTED? _____ WHEN? _____

SUBJECT TO FORM NUMBERS	DEDUCTIBLE
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MORTGAGEE

COVERAGES

ITEM	AMOUNT	BUILDING	CONTENTS	OTHER	% COINS	DESCRIPTION OF PROPERTY INSURED
	\$					
	\$					
	\$					

DESCRIPTION OF LOSS & DAMAGE - REMARKS (Use reverse if necessary)

OTHER INSURANCE	ADJUSTER ASSIGNED <input type="checkbox"/> AGENT WILL WORK CLAIM <input type="checkbox"/> PLEASE ASSIGN CLAIM TO ADJUSTER <input type="checkbox"/>
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DATE REPORTED	REPORTED BY	REPORTED TO	SIGNATURE OF AGENT OR INSURED
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**** THIS SECTION TO BE COMPLETED WHEN CLAIM SETTLEMENT IS COMPLETED ****

LOSS SETTLEMENT DESCRIPTION (Use back of form when necessary)	TOTAL LOSS
	DEPRECIATION
	ACTUAL CASH VALUE CLAIM
	DEDUCTIBLE
	NET CLAIM

MAKE PAYABLE TO	ADJUSTER OR AGENT	INSURED	DATE
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**** FOR COMPANY USE ONLY BELOW THIS LINE ****

ASSIGNMENT		
AUTHORIZATION		
DATE PAID	CHECK NO.	AMOUNT

COMPANY COPY