



# PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)  
**7/19/2005**

AGENCY	PHONE (A/C, No, Ext):		MISCELLANEOUS INFO (Site & location code)		DATE OF LOSS AND TIME		AM	PREVIOUSLY REPORTED				
							PM	YES	NO			
FAX (A/C, No):			E-MAIL ADDRESS:			POLICY TYPE		COMPANY AND POLICY NUMBER		NAIC CODE	POLICY DATES	
CODE:			SUB CODE:			PROP/HOME		CO:		EFF:		
AGENCY CUSTOMER ID			FLOOD			POL:		CO:		EXP:		
			WIND			POL:		CO:		EFF:		
								POL:		EXP:		

<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						PROBABLE AMOUNT ENTIRE LOSS						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRE						LIGHTNING						
THEFT						HAIL						
FLOOD						WIND						
OTHER (explain)												
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										
	<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 DWELLING	<input type="checkbox"/>	CONDO	
	CONTENTS:			DEDUCTIBLE:				<input type="checkbox"/>	POST FIRM				<input type="checkbox"/>		<input type="checkbox"/>		
WIND POLICY	BUILDING			DEDUCTIBLE	CONTENTS			ZONE	FORM TYPE	<input type="checkbox"/>	GENERAL DWELLING	<input type="checkbox"/>	CONDO				
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					

### **Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania, Tennessee, Virginia and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

### **Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.\*

\* In Florida - Third Degree Felony

### **Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

### **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.