

Property Loss Notice

When Finished Submit and Attach a Copy of Policy Declaration

Date: _____

Agent:	Date of Loss:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
	Carrier:		
	Policy Number:		
Phone:	Fax:		
E-mail Address:			

INSURED

Name of Insured (First, Middle, Last):		Insured's Mailing Address:	
Date of Birth:	Marital Status:		
Primary Phone #:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Secondary Phone #:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
E-Mail Address:			
Name of Spouse (First, Middle, Last) (if applicable):		Spouse's Mailing Address (if applicable):	
Date of Birth:			
Primary Phone #:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Secondary Phone #:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
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"/> Work <input type="checkbox"/> Cell	Secondary Phone #:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
E-Mail Address:			

LOSS

Location of Loss: Street:		Police of Fire Department Contacted:	
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"/> Other: _____ <input type="checkbox"/> Theft <input type="checkbox"/> Hail <input type="checkbox"/> Wind			Probable Amount Entire Loss:
Description of Loss & Damage:			
Reported By:		Reported To:	