

<b>PROPERTY LOSS NOTICE</b>						DATE (MM/DD/YYYY)			
PRODUCER	PHONE (EXT)		MISCELLANEOUS INFO (SITE & LOCATION CODE)		DATE OF LOSS	TIME	PREVIOUSLY REPORTED <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	POLICY TYPE		COMPANY AND POLICY NUMBER			NAIC CODE		POLICY DATES	
	PROP/HOME		CO: POL:					EFF: EXP:	
	FLOOD		CO: POL:					EFF: EXP:	
CODE:		SUB CODE:		WIND		CO: POL:		EFF: EXP:	
AGENCY CUSTOMER ID									

<b>INSURED</b>			<b>CONTACT</b>		
NAME AND ADDRESS OF INSURED		DATE OF BIRTH		NAME AND ADDRESS OF INSURED	
		SOC SEC # OR FEIN:			
RESIDENCE HOME (A/C NO.)		BUSINESS PHONE (A/C, NO. EXT)			
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)		DATE OF BIRTH		RESIDENCE PHONE (A/C, NO.)	
		SOC SEC # OR FEIN:		WHERE TO CONTACT	
				BUSINESS PHONE (A/C, NO, EXT)	
				WHEN TO CONTACT	

LOCATION OF LOSS				POLICE OR FIRE DEPT TO WHICH REPORTED			
KIND OF LOSS	<input type="checkbox"/> FIRE	<input type="checkbox"/> LIGHTING	<input type="checkbox"/> FLOOD	<input type="checkbox"/> OTHER	PROBABLE AMOUNT OF ENTIRE LOSS		
	<input type="checkbox"/> THEFT	<input type="checkbox"/> HAIL	<input type="checkbox"/> WIND				
DESCRIPTION OF LOSS & DAMAGE (USE SEPARATE SHEET IF NECESSARY)							

<b>POLICY INFORMATION</b>					
MORTGAGEE <input type="checkbox"/> NO MORTGAGE					
HOMEOWNER POLICIES SECTION 1 ONLY (COMPLETE FOR COVERAGES A, B, C, D & ADDITIONAL COVERAGES. FOR HOMEOWNERS SECTION II & LIABILITY LOSSES)					
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 DEDUCTIONS)					

<b>FIRE, ALLIED LINES &amp; MULTIPERIL POLICIES (COMPLETE ONLY THOSE ITEMS INVOLVED IN LOSS)</b>					
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	<input type="checkbox"/> CONDO
	CONTENTS:		DEDUCTIBLE			<input type="checkbox"/> POST FIRM			<input type="checkbox"/> DWELLING	
WIND POLICY	BUILDING		DEDUCTIBLE		ZONE	FORM TYPE	<input type="checkbox"/> CONDO		<input type="checkbox"/> GENERAL	<input type="checkbox"/> DWELLING
									<input type="checkbox"/> DWELLING	

REMARKS/OTHER INSURANCE (LIST COMPANIES, POLICY NUMBERS, COVERAGE & 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, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania, Tennessee and 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**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

### **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.