



PROPERTY	Address:	Full Policy No. <i>(including symbols)</i> :	Claim No.:
	Phone:	Policy Dates:	Company:
	Producer Code:	Miscellaneous Information <i>(site & location codes etc.)</i> :	<i>(for company use)</i>
	Previously Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No		

INSURED	Full Name <i>(as appears on policy)</i> :		Special ID or Social Security No.:	
	Property Address:	Zip Code:	Where can insured be contacted? When?	
	Mail Address <i>(if different)</i> :	Zip Code:	Residence Phone:	Business Phone:

LOSS	Date & Time of Loss:	Kind of loss <i>(fire, wind, explosion, etc.)</i> :	Police to whom reported <i>(theft)</i> :
	Loss Location <i>(if different from property address)</i> :		
	Probable amount entire loss:	Probable amount this policy:	CAT. #
	Description of loss & damage <i>(use reverse if necessary)</i> :		

POLICY INFORMATION	Mortgagee <i>(if none, so indicate)</i> :						
	FIRE ALLIED LINES & MULTI-PERIL POLICIES <i>(COMPLETE BELOW COVERAGES A, B, C, D & ADDITIONAL COVERAGES EXCEPT LIABILITY USE ACCORD 2 FOR HOMEOWNERS SECTION II LOSSES)</i>						
	Item	Amount	Bldg.	Contents	Other	% Copies	Coverage and/or description of property insured
	FIRE ALLIED LINES & MULTI-PERIL POLICIES <i>(COMPLETE BELOW COVERAGES A, B, C, D & ADDITIONAL COVERAGES EXCEPT LIABILITY USE ACCORD 2 FOR HOMEOWNERS SECTION II LOSSES)</i>						
	Coverage A <i>(Dwelling)</i>	Coverage B <i>(Appurtenant private structures)</i>	Coverage C <i>(Unscheduled personal property)</i>	Coverage D <i>(Additional living expenses)</i>	Describe additional coverages provided		
Percent of coinsurance applicable:							
Subject to form nos. <i>(insert form nos. & edition dates)</i> :							
Deductible windstorm & hail:		Deductible other perils:		Deductible miscellaneous <i>(explain)</i> :			

MISCELLANEOUS	Other insurance <i>(list names of companies, policy numbers & accounts)</i> :	Adjustor assigned:
	Remarks <i>(if emergency handling required or if subrogation possibilities explain)</i> :	

Reported by: _____
Reported to: _____

Date: _____

Signature *(producer, insured or driver)*: _____