



ACORD™ PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext):	MISCELLANEOUS INFO (Site & location code)	DATE OF ACCIDENT AND TIME		AM	PREVIOUSLY REPORTED	
					PM	YES	NO
			POLICY TYPE	COMPANY AND POLICY NUMBER		EFFECTIVE DATE	EXPIRATION DATE
			PROP/HOME	CO:			
			POL:				
		FLOOD	CO:				
CODE:	SUB CODE:		POL:				
AGENCY CUSTOMER ID			WIND	CO:			
				POL:			

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS		NAME AND ADDRESS		WHERE TO CONTACT	
				WHEN TO CONTACT	
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)	
				BUSINESS PHONE (A/C, No, Ext)	

LOSS						
LOCATION OF LOSS					POLICE OR FIRE DEPT TO WHICH REPORTED	
KIND OF LOSS	<input type="checkbox"/> FIRE	<input type="checkbox"/> LIGHTNING	<input type="checkbox"/> FLOOD	<input type="checkbox"/> OTHER (explain)	PROBABLE AMOUNT ENTIRE LOSS	
	<input type="checkbox"/> THEFT	<input type="checkbox"/> HAIL	<input type="checkbox"/> WIND			
DESCRIPTION OF LOSS & DAMAGE (Use reverse side, if necessary)						

POLICY INFORMATION						
MORTGAGEE						
<input type="checkbox"/> NO MORTGAGEE						
HOMEOWNERS 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	COVERAGES 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	PRE FIRM	DIFF IN ELEV	FORM TYPE
WIND POLICY	BUILDING	DEDUCTIBLE	CONTENTS	ZONE	POST FIRM	GENERAL DWELLING

REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)						

CAT #	FICO #	ADJUSTER ASSIGNED	ADJUSTER #	DATE ASSIGNED

REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED

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 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 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 Kentucky and New Jersey

Any person who knowingly and with intent to defraud any insurance company or other persons, 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 civil penalties.

Applicable in Michigan

Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

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 New York

Any person who knowingly and with intent to defraud any insurance company or other 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

Applicable in Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects the person to criminal and civil penalties.