



Property Loss Notice

Date: _____

Producer:	Date of Loss and Time:
	Company and Policy Number:

INSURED:

Name and Address of Insured:

Contact Name:	Business Phone:
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Cell Phone:	e-mail:
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LOSS:

Location of Loss:	
Kind of Loss:	
Description of Loss and Damage:	
Mortgagee:	
Remarks/Other Insurance (List companies, policy numbers, coverages & policy amounts):	
Reported By:	Reported To:

Any Person who knowingly and with intent to defraud any insurance company or another 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 hereto, commits a fraudulent insurance act, which is a crim and subjects the person to criminal and (NY: Substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR or VT; or DC, LA, ME, TN and VA, insurance benefits may be denied.)