

PROPERTY LOSS NOTICE

INSURED		
NAME (Business and Contact)	DATE OF LOSS AND TIME	DATE (MM/DD/YYYY)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
MAILING ADDRESS	PROPERTY/HOME POLICY	
	CARRIER	NAIC CODE
	POLICY NUMBER	
PRIMARY E-MAIL	FLOOD POLICY	
PRIMARY PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	CARRIER	NAIC CODE
	POLICY NUMBER	
SECONDARY PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	WIND POLICY	
POLICY NUMBER	CARRIER	NAIC CODE
CONTACT (IF DIFFERENT)		
NAME (First, Middle, Last)	MAILING ADDRESS	
PRIMARY PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL	
SECONDARY PHONE <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY E-MAIL	
LOSS		
LOCATION OF LOSS (Street, City, State, ZIP Code, Country)	DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:	
CAUSE OF LOSS: <input type="checkbox"/> FIRE <input type="checkbox"/> THEFT <input type="checkbox"/> LIGHTING <input type="checkbox"/> HAIL <input type="checkbox"/> FLOOD <input type="checkbox"/> WIND <input type="checkbox"/> OTHER (Please Specify):		PROBABLE AMOUNT OF ENTIRE LOSS
DESCRIPTION OF LOSS AND DAMAGE		

IS YOUR BUSINESS OPERABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID YOU TAKE PHOTOGRAPHS OF THE LOSS, INJURIES OR SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
IS THERE DAMAGE TO THE MERCHANDISE FROM THE LOSS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A IF YES, EXPLAIN:	IF YES TO THE ABOVE, PLEASE PROVIDE THE CONTACT INFORMATION FOR WHO POSSESSES THE PHOTOGRAPHS:
DID YOU SECURE VIDEO SURVEILLANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	WERE THE POLICE, FIRE DEPARTMENT AND/OR AMBULANCE CALLED TO THE SCENE OF THE INJURY AND/OR LOSS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
IF YES TO THE ABOVE, PLEASE PROVIDE THE CONTACT INFORMATION FOR WHO POSSESSES THE SURVEILLANCE:	IF YES TO THE ABOVE, PLEASE PROVIDE THE CONTACT INFORMATION FOR THE EMERGENCY RESPONDER AND REPORT NUMBER:
ADDITIONAL INFORMATION	
REPORTED BY	REPORTED TO