

PROPERTY LOSS NOTICE

DateOfForm

DateOfLoss

DATE (MM/DD/YYYY)
03-28-2007

AGENCY	INSURED LOCATION CODE	DATE OF LOSS AND TIME 11-03-2016 11:02:22	<input type="checkbox"/> AM <input type="checkbox"/> PM
	PROPERTY / HOME POLICY		
	CARRIER	NAIC CODE	
	POLICY NUMBER	LINE OF BUSINESS	
CONTACT NAME: Alex Serrano	FLOOD POLICY		
PHONE (A/C, No, Ext): 383.764.2757	CARRIER	NAIC CODE	
FAX (A/C, No): 929-054-2926	POLICY NUMBER		
E-MAIL ADDRESS: caban1894@protonmail.com	WIND POLICY		
CODE: SUBCODE:	CARRIER	NAIC CODE	
AGENCY CUSTOMER ID:	POLICY NUMBER		

INSURED		InsuredMailingAddress	
NAME OF INSURED (First, Middle, Last) Isis Fletcher		INSURED'S MAILING ADDRESS Salina, Idaho	
DATE OF BIRTH 01-10-2018	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable)	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS: cotys1997@yahoo.com	
		SECONDARY E-MAIL ADDRESS: brindlish1808@protonmail.com	
NAME OF SPOUSE (First, Middle, Last) (if applicable) Kizzy Navarro		SPOUSE'S MAILING ADDRESS (if applicable) Atascadero, Texas	
DATE OF BIRTH 10-23-2002	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable)	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS: scarcity1858@yandex.com	
		SECONDARY E-MAIL ADDRESS: devious2061@outlook.com	

CONTACT	<input type="checkbox"/> CONTACT INSURED
NAME OF CONTACT (First, Middle, Last) Twanna Schneider	CONTACT'S MAILING ADDRESS Laurel, California
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL 1-317-532-9409	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL 514.031.6650
WHEN TO CONTACT 22:14:43	PRIMARY E-MAIL ADDRESS: pokeroor1881@gmail.com
	SECONDARY E-MAIL ADDRESS: anathemas1966@yandex.com

LOSS		LocationOfLoss	
LOCATION OF LOSS		POLICE OR FIRE DEPARTMENT CONTACTED	
STREET: 500 Lilac Route		REPORT NUMBER	
CITY, STATE, ZIP: Maryland			
COUNTRY: United States			
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:			
KIND OF LOSS	<input type="checkbox"/> FIRE <input type="checkbox"/> LIGHTNING <input type="checkbox"/> FLOOD <input type="checkbox"/>	PROBABLE AMOUNT ENTIRE LOSS	
	<input type="checkbox"/> THEFT <input type="checkbox"/> HAIL <input type="checkbox"/> WIND		
DESCRIPTION OF LOSS & DAMAGE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			
REPORTED BY Dalton Lott		REPORTED TO Kacy Carson	