

ACORD 1 (2019/07) - PROPERTY LOSS NOTICE

AGENCY INFORMATION

AGENCY NAME

SafeGuard Insurance Agency

CODE

SG-2024

SUBCODE

PROP-001

AGENCY PHONE

(555) 234-5678

AGENCY CUSTOMER ID

AGN-8847-2024

AGENCY ADDRESS

1500 Commerce Drive, Suite 200

AGENCY EMAIL

claims@safeguard-ins.com

PROPERTY / HOME POLICY

CARRIER

Metropolitan Insurance Company

NAIC CODE

25089

POLICY NUMBER

HO-2024-087654-01

LINE OF BUSINESS

Homeowners

INSURED

NAME OF INSURED (First, Middle, Last)

Robert James Mitchell

DATE OF BIRTH

06/15/1978

MARITAL STATUS

Married

INSURED'S MAILING ADDRESS

4521 Oakridge Avenue, Springfield, IL 62701

PRIMARY PHONE

(217) 555-0142

PRIMARY EMAIL

rmitchell@email.com

LOSS REPORT CONTACT

NAME OF CONTACT (First, Middle, Last)

Sarah Mitchell

CONTACT PHONE

(217) 555-0142

CONTACT EMAIL

smitchell@email.com

LOSS INFORMATION

DATE OF LOSS AND TIME

10/12/2024

PROPERTY LOSS NOTICE DATE

10/15/2024

LOCATION OF LOSS - STREET

4521 Oakridge Avenue

CITY, STATE, ZIP

Springfield, IL 62701

COUNTRY

USA

POLICE OR FIRE DEPARTMENT CONTACTED

☐ Yes ☒ No

REPORT NUMBER

KIND OF LOSS

☐ Fire ☐ Wind ☐ Hail ☐ Lightning ☐ Flood ☒ Theft

DESCRIPTION OF LOSS & DAMAGE

DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS

Master Bedroom - Northeast wall, Second Floor

DESCRIPTION OF LOSS & DAMAGE

Water intrusion through exterior wall due to failed caulking and separation of brick veneer. Water damage observed on drywall, insulation, and carpet in master bedroom. Estimated damage from moisture penetration during heavy rain on 10/12/2024. Total water saturation approximately 120 square feet. Mold remediation may be required. Contents damage includes hardwood flooring and personal property.

PROBABLE AMOUNT ENTIRE LOSS

\$18,500.00

REPORT DETAILS

REPORTED BY

Insured

REPORTED TO

SafeGuard Insurance Agency / Claims Department

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This is a sample form for demonstration purposes in an agentic AI project.