

ACORD PROPERTY LOSS NOTICE				Date	
Phone No.		Miscellaneous Info (Site & Location code)		Date of Loss & time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Producer or Agency/Address		Policy Type		Previously Reported <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Company and Policy Number		NAIC Code	
		Co: Southern Mutual Church Insurance Co. Pol:		Eff: Exp:	
		Flood Co: Southern Mutual Church Insurance Co. Pol:		Eff: Exp:	
Agency Customer ID		Wind Co: Southern Mutual Church Insurance Co. Pol:		Eff: Exp:	

INSURED
CONTACT
☐ Contact Insured

Name and Address of Insured		Name and Address of Insured	
		Resident Phone	Business Phone (ext.)
		Cell Phone	

LOSS

Location of Loss		Police or Fire Department to which Reported	
Kind Of Loss		Probable Amount Entire Loss	
<input type="checkbox"/> Fire <input type="checkbox"/> Lightning <input type="checkbox"/> Flood <input type="checkbox"/> Other <input type="checkbox"/> Theft <input type="checkbox"/> Hail <input type="checkbox"/> Wind			
Description of Loss and Damage (Use separate, if necessary)			

POLICY INFORMATION

<input type="checkbox"/> No Mortgage Mortgagee							
Fire, Allied Lines & Multi-Peril Policies (Complete only those involved in loss)							
Item	Subject of Insurance	Amount	% Coins	Deductible	Coverage and/or Description of Property Insured		
	<input type="checkbox"/> Bldg <input type="checkbox"/> Contents						
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	<input type="checkbox"/> Bldg <input type="checkbox"/> Contents						
Subject to Forms (Insert from numbers and edition dates, special deductibles)							
Flood Policy	Building: Contents:	Deductible: Deductible:	Zone	<input type="checkbox"/> Pre Firm <input type="checkbox"/> Post Firm	Diff In Elev	Form Type	<input type="checkbox"/> General <input type="checkbox"/> Condo <input type="checkbox"/> Dwelling
Wind Policy	Building	Deductible:	Contents:	Zone	Form Type	<input type="checkbox"/> General <input type="checkbox"/> Dwelling	<input type="checkbox"/> Condo
Remarks/Other Insurance (List companies, policy numbers, coverages & policy amounts)/NC Only: Previous address of Insured & wife's Maiden Name							
CAT#	FICO#	Adjuster Assigned		Adjuster #		Date Assigned	
Reported By		Name of Agency			Reported To		