| ACORD _{TM} PROPERTY LOSS NOTICE | | | | | | | | | | | | | Τ | DATE (MM/DD/YYYY) | | | | | | | | | | | | | |
|--|--|-------------------------------------|---------|--------------|-----------------|---------------------|--------------------|---|--|---|-------------------|------------------|---------|-------------------|-------------------------------|----------|------------|-----------------|------------------|-----------|-------------------------------|-------|---------|-------|-------|----|--|
| PRODUCER PHONE (A/C, No, Ext): | | | | | | | | 1 | MISCELLANEOUS INFO (Site & location code) DATE OF LOSS AND TIME | | | | | | | | | | | Γ' Τ | AM | PRE | VIOUSLY | , | | | |
| | | (A/C, NC | , ∟xιj. | | | | | | | | | | | | | | | | | | | | РМ | YE | | NO | |
| | | | | | | | | | POLICY TYPE | | COMPANY AND POLIC | | | | LICY NUMB | Y NUMBER | | | | NAIC CODE | | | т, | POLIC | DATES | _ | |
| | | | | | | | | | | co: | | | | | | | | | | | | | EFF: | | | _ | |
| | | | | | | | | | PROP/ HOME | · / · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | | EXP: | | | |
| | | | | | | | | | | CO: | | | | | | | | | | | | | | EFF: | | | |
| CODE: SUB CODE: | | | | | | | | F | FLOOD | POL: | | | | | | | | | | | | | EXP: | | | | |
| AGENCY CUSTOMER ID | | | | | | | | | | | POL: CO: | | | | | | | | | | | | EFF: | | | | |
| | | | | | | | | | WIND | POL: | | | | | | | | | | | | | EXP | | | _ | |
| INSURED | | | | | | | | | 1.02. | | | | CONTACT | | | | | CONTACT INSURED | | | | | | | | | |
| NAME AND ADDRESS OF INSURED | | | | | | | | | DATE O | OF BIRTH | н | | | | ADDRESS | OF INS | | CONTA | (CT IIV | SUR | ED | | | | | _ | |
| | | | | | | | | | 00005 | -0 # 00 | # OR FEIN: | | | | | | | | | | | | | | | | |
| | | | | | | | | | SOC SE | =C # OK | FEIN: | | | | | | | | | | | | | | | | |
| RESIDENCE PHONE (A/C, No) BUSINESS PHONE (A/C, | | | | | | | | | , No, Ext) | | | | | | | | | | | | | | | | | | |
| NAME AND ADDRESS OF SPOUSE (IF APPLICABLE) | | | | | | | | | DATE OF BIRTH | | | | RESI | DENC | E PHONE (A | /C, No | C, No) BUS | | | | SUSINESS PHONE (A/C, No, Ext) | | | | | | |
| | | | | | | | | | SOC SE | EC#OR | FEIN: | WHERE TO CONTACT | | | | | | WI | WHEN TO CONTACT | | | | | | _ | | |
| LOSS | | | | | | | | | | | | | | | | | | | | | | | | | | _ | |
| LOCATION OF LOSS | | | | | | | | | | POLICE OR FIRE DEPT TO WHICH REPO | | | | | | | | PORTE | ED | | | | | | | | |
| KIND FIRE LIGHTNING FLOOD OTHE (explain | | | | | | | OTHER (explain) |) | PROBABLE AM | | | | | | | | | AMOU | OUNT ENTIRE LOSS | | | | | | | | |
| DESCRIF | PTION | OF LOSS | & DAMA | HAI GE (U | se separate she | WIND et, if nece | essary) | | | | | | | | | | | | | | | | | | | | |
| DOL IC | V INI | FORM | ATION | | | | | | | | | | | | | | | | | | | | | | | _ | |
| MORTGA | | FORM/ | ATION | | | | | | | | | | | | | | | | | | | | | | | _ | |
| | | TGAGEE | | | | | | | | | | | | | | | | | | | | | | | | _ | |
| HOMEOV | VNER | POLICIES | SECTIO | N 1 O | NLY (Complete t | or covera | ages A, B, | C, D & ad | dditiona | al covera | iges. Fo | or Home | owners | s Secti | ion II Liabilit | y Los | ses, us | e ACOR | (D 3.) | | | | | | | | |
| A. DWELLING B. OTHER STRUCTURES C. PERSONAL PROPER | | | | | | ROPERT | D. LOSS OF USE | | | | DEDUCTIBLES | | | | DESCRIBE ADDITIONAL COVERAGES | | | | | | | PROVI | DED | | | | |
| | | | | | | | | | | | | | | | | | Of | | | | | N | | | | | |
| SUBJEC and edition | | AGE A. EX ORMS (In es, specia | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRE, AL | LIED L | INES & M | ULTI-PE | RIL PO | OLICIES (Compl | ete only t | hose item | s involve | d in los | ss) | | | | | | | | | | | | | | | | | |
| ITEM SUBJECT OF INSURANCE AMOUNT % COIN | | | | | | | % COINS | 6 | DEDUC | TIBLE | | | | D/OR D | ESCRI | PTION | OF I | PROPE | RTYIN | ISUR | ĒD | | | | | | |
| | BLDG C | | | CNTS | | | | | | | | | | | | | | | | | | | | | | | |
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| SUBJEC (Insert fo | rm nui | mbers | | | | | | | | | | | | | | | | | | | | | | | | | |
| special d | deductibles) | | | | | | | | | | | | ı | | | | LEV | | | | | | | _ | | _ | |
| FLOOD POLICY | BUILDING: DEDUCTIBLE: CONTENTS: DEDUCTIBLE: | | | | | | | | | ZONE | | RE FIR | | DIFF | IN ELI | LEV FO | | | | | | CON | IDO | | | | |
| WIND | | | | | DEDUCTIBLE | TIBLE CONT | | ITS | Z | ZONE | FORM | | GEN | NERAL | | CON | DO | | | | | | | | | | |
| POLICY REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & po | | | | | | | ges & pol | TYPE DWELLING licy amounts)/NY ONLY: PREVIOUS ADDRESS OF INSURED & WIFE'S MAIDEN NAME | | | | | | | | | | | | | | | _ | | | | |
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| CAT# | FICO # ADJUSTER ASSIGNED | | | | | | | ADJUS | | | | | | | | | UST | ER# | DATE ASSIGNED | | | | | | | | |
| REPORTED BY | | | | | | | | | GNATURE OF INSURED SIGNATURE OF PRODUCER | | | | | | | | CER | | | | | _ | | | | | |
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Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania, Tennessee and Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.