

NOTICE OF LOSS

FIRE, ALLIED LINES, HOMEOWNERS, OTHER MULTI-PERIL POLICIES USE FORM FURNISHED BY COMPANY WHEN REPORTING LIABILITY CLAIMS

1. Name of Company: _____	9. Date of Loss: _____
2. Agency: _____	10. Type of Loss: _____
3. Insured: _____	11. Amount of Loss: \$ _____
4. Address: _____	12. Amount of Policy: \$ _____
5. Phone #: _____	13. Credit for Existing Insurance: _____
6. Loss Location: _____	14. Mortgagee: _____
7. Policy Number: _____	
8. Policy Period: _____	

FIRE, ALLIED LINES AND MULTI-PERIL POLICIES Complete below only item(s) involved in loss as described by this policy

Item Number	Amount of Building	Amount of Contents	*Coverage and/or Description of Property Insured

15. Subject To Form Numbers: (Insert Form Numbers and Edition Dates): _____

16. Deductible for Windstorm and Hail: \$ _____ Deductible for Other Perils: \$ _____

HOMEOWNER'S POLICIES Complete below coverage A, B, C, D, and any additional coverage except liability.

Coverage A - Dwelling: \$ _____ Coverage B – Private Structure: \$ _____

Coverage C – Personal Property: \$ _____ Coverage D – Living Expenses: \$ _____

Additional Coverage (Companies and Amounts): _____

17. Percentage of Coinsurance Applicable: _____%

18. Remarks: _____

INSTRUCTIONS TO AGENTS: *Insert amount of insurance in column to the left. Description of coverage may be abbreviated as:

- | | | |
|----------------------------------|--------------------------------------|-------------------------------|
| A.L.E. Additional Living Expense | T.C. Time Element Coverage | M. & E. Machinery & Equipment |
| Y.F. Yard Fixtures | I. & B. Improvements and Betterments | E. & O. Errors & Omissions |
| F. & F. Furniture & Fixtures | B.R. Builder's Risk | L.S. Live Stock |
| Sk. Stock | | |

Do not commit the Company to any claim or line of action unless specifically instructed to do so. Under no circumstances make any change or entry on a policy after a loss.