

ACORD™ PROPERTY LOSS NOTICE

DATE

PRODUCER Sports & Fitness Insurance Cor 212 Key Dr. Madison, MS 39130 P: 601-898-8464 F: 601-853-6141	PHONE (A/C, No, Ext):	MISCELLANEOUS INFO (Site & location code)	DATE OF LOSS AND TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
CODE:	SUB CODE:	POLICY TYPE	COMPANY AND POLICY NUMBER	NAIC CODE	POLICY DATES
AGENCY CUSTOMER ID		PROP/ HOME	CO: POL:		EFF: EXP:
		FLOOD	CO: POL:		EFF: EXP:
		WIND	CO: POL:		EFF: EXP:

INSURED		CONTACT		<input type="checkbox"/> CONTACT INSURED
NAME AND ADDRESS OF INSURED		DATE OF BIRTH	NAME AND ADDRESS OF INSURED	
RESIDENCE PHONE (A/C, No)		SOC SEC #:		
BUSINESS PHONE (A/C, No, Ext)				
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)		DATE OF BIRTH	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)
		SOC SEC #:	WHERE TO CONTACT	WHEN TO CONTACT

LOSS

LOCATION OF LOSS	POLICE OR FIRE DEPT TO WHICH REPORTED
KIND OF LOSS <input type="checkbox"/> FIRE <input type="checkbox"/> LIGHTNING <input type="checkbox"/> FLOOD <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> THEFT <input type="checkbox"/> HAIL <input type="checkbox"/> WIND	PROBABLE AMOUNT ENTIRE LOSS
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)	

POLICY INFORMATION

MORTGAGEE

NO MORTGAGEE

HOMEOWNER POLICIES SECTION 1 ONLY (Complete for coverages A, B, C, D & additional coverages. For Homeowners Section II Liability Losses, use ACORD 3.)

A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	DEDUCTIBLES	DESCRIBE ADDITIONAL COVERAGES PROVIDED
					ON

COVERAGE A. EXCLUDES WIND

SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)

FIRE, ALLIED LINES & MULTI-PERIL POLICIES (Complete only those items involved in loss)

ITEM	SUBJECT OF INSURANCE	AMOUNT	% COINS	DEDUCTIBLE	COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED
<input type="checkbox"/>	BLDG <input type="checkbox"/> CNTS				
<input type="checkbox"/>	BLDG <input type="checkbox"/> CNTS				
<input type="checkbox"/>	BLDG <input type="checkbox"/> CNTS				

SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)

FLOOD POLICY	BUILDING: DEDUCTIBLE:	ZONE	<input type="checkbox"/> PRE FIRM	DIFF IN ELEV	FORM TYPE	<input type="checkbox"/> GENERAL	<input type="checkbox"/> CONDO
	CONTENTS: DEDUCTIBLE:		<input type="checkbox"/> POST FIRM		<input type="checkbox"/> DWELLING	<input type="checkbox"/>	
WIND POLICY	BUILDING DEDUCTIBLE	CONTENTS	ZONE	<input type="checkbox"/> GENERAL	<input type="checkbox"/> CONDO		
				<input type="checkbox"/> DWELLING	<input type="checkbox"/>		

REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)/NY ONLY: PREVIOUS ADDRESS OF INSURED & WIFE'S MAIDEN NAME

CAT #	FICO #	ADJUSTER ASSIGNED	ADJUSTER #	DATE ASSIGNED
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER	