

# ACORD™ PROPERTY LOSS NOTICE

DATE

PRODUCER LT/CAM 70 Corporate Hills Dr. Ste. 101 St. Charles MO 63301-	PHONE (A/C, No, Ext): (800) 200-7257	MISCELLANEOUS INFO (Site & location code)	DATE OF LOSS AND TIME / / :	AM PM	PREVIOUSLY REPORTED YES NO
CODE:                      SUB CODE:	AGENCY CUSTOMER ID	POLICY TYPE COMPANY AND POLICY NUMBER NAIC CODE POLICY DATES	PROP/ HOME CO: POL:	FLOOD CO: POL:	WIND CO: POL:
				EFF: / / EXP: / / EFF: / / EXP: / / EFF: / / EXP: / /	

**INSURED** **CONTACT** CONTACT INSURED

NAME AND ADDRESS OF INSURED -	DATE OF BIRTH / / SOC SEC # OR FEIN: - -	NAME AND ADDRESS OF INSURED -		
RESIDENCE PHONE (A/C, No) ( ) -	BUSINESS PHONE (A/C, No, Ext) ( ) -	-		
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE) -	DATE OF BIRTH / / SOC SEC # OR FEIN: - -	RESIDENCE PHONE (A/C, No) ( ) -	BUSINESS PHONE (A/C, No, Ext) ( ) -	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"/> THEFT <input type="checkbox"/> LIGHTNING <input type="checkbox"/> HAIL <input type="checkbox"/> FLOOD <input type="checkbox"/> WIND <input type="checkbox"/> OTHER (explain)	PROBABLE AMOUNT ENTIRE LOSS .
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)	

**POLICY INFORMATION**

MORTGAGEE <input type="checkbox"/> 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				
<input type="checkbox"/> 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				
	BLDG <input type="checkbox"/> CNTS								
	BLDG <input type="checkbox"/> CNTS								
	BLDG <input type="checkbox"/> CNTS								
SUBJECT TO FORMS (insert form numbers and edition dates, special deductibles)									
FLOOD POLICY	BUILDING:	DEDUCTIBLE:	ZONE	PRE FIRM	DIFF IN ELEV	FORM TYPE	GENERAL	CONDO	
	CONTENTS:	DEDUCTIBLE:		POST FIRM			DWELLING		
WIND POLICY	BUILDING	DEDUCTIBLE	ZONE	FORM TYPE	GENERAL	CONDO			
					DWELLING				
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	

### **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 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 ME, D.C., LA, 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.