

SAMPLE



PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY Heidrick & Co. Insurance 1648 Periwinkle Way Ste. A Sanibel, FL 33957		INSURED LOCATION CODE	DATE OF LOSS AND TIME 9/10/2017 <input type="checkbox"/> AM <input type="checkbox"/> PM
CONTACT NAME: PHONE (A/C No, Ext): 239-579-0660 FAX (A/C No): 888-767-1665 E-MAIL ADDRESS: service@sanibelinsurance.com		PROPERTY / HOME POLICY CARRIER: INSURER Home Insurer NAIC CODE	LINE OF BUSINESS
CODE: SUBCODE:		FLOOD POLICY CARRIER: FLOOD INSURER NAIC CODE	POLICY NUMBER (Pol No. if Available)
AGENCY CUSTOMER ID:		WIND POLICY CARRIER: WIND INSURER NAIC CODE	POLICY NUMBER (Pol No. if Available)

INSURED

NAME OF INSURED (First, Middle, Last) JOHN/JANE DOE			INSURED'S MAILING ADDRESS 123 MAIN ST ANYWHERE, XX ZIP		
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable)	PRIMARY E-MAIL ADDRESS: INSURER EM ADDRESS		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY E-MAIL ADDRESS: 2nd em ADDRESS		
NAME OF SPOUSE (First, Middle, Last) (if applicable)			SPOUSE'S MAILING ADDRESS (if applicable)		
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable)	PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY E-MAIL ADDRESS:		

CONTACT

NAME OF CONTACT (First, Middle, Last)			CONTACT'S MAILING ADDRESS		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY E-MAIL ADDRESS:		
WHEN TO CONTACT			SECONDARY E-MAIL ADDRESS:		

LOSS

LOCATION OF LOSS STREET: PROPERTY ADDRESS		POLICE OR FIRE DEPARTMENT CONTACTED	
CITY, STATE, ZIP: CITY, STATE		REPORT NUMBER	
COUNTRY:			
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:			
KIND OF LOSS	<input type="checkbox"/> FIRE <input type="checkbox"/> LIGHTNING <input checked="" type="checkbox"/> FLOOD <input type="checkbox"/>	PROBABLE AMOUNT ENTIRE LOSS	
	<input type="checkbox"/> THEFT <input type="checkbox"/> HAIL <input checked="" type="checkbox"/> WIND		

DESCRIPTION OF LOSS & DAMAGE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

HURRICANE DAMAGE — MAJOR (if roof lost & home OPEN TO SKY)
(WIND) — MINOR (ROOF REMAINS, EVEN if SHINKS/TILES LOST)

FLOOD DAMAGE (NO NEED FOR ADDITIONAL DETAIL)

REPORTED BY	REPORTED TO
-------------	-------------



PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY Heidrick & Co. Insurance 1648 Periwinkle Way Ste. A Sanibel, FL 33957	INSURED LOCATION CODE	DATE OF LOSS AND TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
	PROPERTY / HOME POLICY		
CONTACT NAME: PHONE (A/C, No., Ext): 239-579-0660 FAX (A/C, No.): 888-767-1665 E-MAIL ADDRESS: service@sanibelinsurance.com	CARRIER	NAIC CODE	
	POLICY NUMBER	LINE OF BUSINESS	
CODE: _____ SUBCODE: _____	FLOOD POLICY		
	CARRIER	NAIC CODE	
AGENCY CUSTOMER ID:	POLICY NUMBER		
	WIND POLICY		
	CARRIER	NAIC CODE	
	POLICY NUMBER		

INSURED

NAME OF INSURED (First, Middle, Last)			INSURED'S MAILING ADDRESS		
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable)			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:			
		SECONDARY E-MAIL ADDRESS:			
NAME OF SPOUSE (First, Middle, Last) (if applicable)			SPOUSE'S MAILING ADDRESS (if applicable)		
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable)			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:			
		SECONDARY E-MAIL ADDRESS:			

CONTACT

<input type="checkbox"/> CONTACT INSURED					
NAME OF CONTACT (First, Middle, Last)			CONTACT'S MAILING ADDRESS		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL				
WHEN TO CONTACT			PRIMARY E-MAIL ADDRESS:		
		SECONDARY E-MAIL ADDRESS:			

LOSS

LOCATION OF LOSS		POLICE OR FIRE DEPARTMENT CONTACTED			
STREET:					
CITY, STATE, ZIP:		REPORT NUMBER			
COUNTRY:					
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:					
KIND OF LOSS	<input type="checkbox"/> FIRE <input type="checkbox"/> LIGHTNING <input type="checkbox"/> FLOOD <input type="checkbox"/>	PROBABLE AMOUNT ENTIRE LOSS			
	<input type="checkbox"/> THEFT <input type="checkbox"/> HAIL <input type="checkbox"/> WIND				
DESCRIPTION OF LOSS & DAMAGE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					
REPORTED BY			REPORTED TO		