

ACORD™ PROPERTY LOSS NOTICE

DATE

PRODUCER PHONE (A/C, No, Ext): 800-252-9435 VFIS of Texas/Regnier & Associates 3420 Executive Center Dr. #301 Austin TX 78731		MISCELLANEOUS INFO (Site & location code)		DATE OF LOSS AND TIME		AM PM	PREVIOUSLY REPORTED YES NO		
CODE: SUB CODE:		POLICY TYPE PROP/ HOME FLOOD WIND		COMPANY AND POLICY NUMBER CO: POL: CO: POL: CO: POL:		NAIC CODE		POLICY DATES EFF: EXP: EFF: EXP: EFF: EXP:	
AGENCY CUSTOMER ID									

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS OF INSURED		DATE OF BIRTH	NAME AND ADDRESS OF INSURED		
		SOC SEC #:			
RESIDENCE PHONE (A/C, No)		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				POLICE OR FIRE DEPT TO WHICH REPORTED	
LOCATION OF LOSS					
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	<input type="checkbox"/> PRE FIRM <input type="checkbox"/> POST FIRM	DIFF IN ELEV
	CONTENTS:	DEDUCTIBLE:			FORM TYPE
WIND POLICY	BUILDING	DEDUCTIBLE	CONTENTS	ZONE	<input type="checkbox"/> GENERAL <input type="checkbox"/> DWELLING
					<input type="checkbox"/> CONDO

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	