

# ACORD PROPERTY LOSS NOTICE

PRODUCER		PHONE (A/C, No, Ext):	MISCELLANEOUS INFO (Site & location code)	DATE OF LOSS AND TIME	AM	PREVIOUSLY REPORTED
MIA Property & Casualty Group 12 Gill Street - Suite 1600 Woburn, MA 01801		POLICY TYPE	COMPANY AND POLICY NUMBER	NAIC CODE	PM	YES NO
		PROP/HOME	CO:		EXP:	
			POL:		EXP:	
		FLOOD	CO:		EXP:	
		POL:		EXP:		
		WIND	CO:		EXP:	
			POL:		EXP:	
CODE:	SUB CODE:					
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	FIRE	LIGHTNING	FLOOD	OTHER (explain)
	THEFT	HAIL	WIND	
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)				PROBABLE AMOUNT ENTIRE LOSS

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

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	% COVS	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	PRE FIRM	DIFF IN ELEV
	CONTENTS:	DEDUCTIBLE:		POST FIRM	FORM TYPE
WIND POLICY	BUILDING	DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE
					GENERAL DWELLING
					CONDO

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

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