

ACORD™ PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)
06/04/2004

PRODUCER Bruce F. Grau & Associates 117 Church Lane Hunt Valley, MD 21030	PHONE (A/C, No, Ext): (410) 666-5911	MISCELLANEOUS INFO (Site & location code)	DATE OF LOSS AND TIME	AM PM	PREVIOUSLY REPORTED YES NO
CODE: SUB CODE:		POLICY TYPE	COMPANY AND POLICY NUMBER	NAIC CODE	POLICY DATES
AGENCY CUSTOMER ID		FLOOD	WIND	CO: POL:	EFF: EXP:

INSURED		CONTACT		CONTACT INSURED
NAME AND ADDRESS OF INSURED		DATE OF BIRTH	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	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)
		SOC SEC # OR FEIN:	WHERE TO CONTACT	WHEN TO CONTACT

LOSS				POLICE OR FIRE DEPT TO WHICH REPORTED	
LOCATION OF LOSS				PROBABLE AMOUNT ENTIRE LOSS	
KIND OF LOSS	FIRE	LIGHTNING	FLOOD	OTHER (explain)	
	THEFT	HAIL	WIND		
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
	CONTENTS: DEDUCTIBLE:		POST FIRM		GENERAL DWELLING
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 #	FICO #	ADJUSTER ASSIGNED	ADJUSTER #	DATE ASSIGNED	
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER		