NOTICE OF LO	OSS TO:				
CLAIM NUMBER P		POLICY NUMBER	DATE OF LOSS (MO-DAY-YR)	TIME OF LOSS	
INSURED			LOCATION	LOCATION OF INSURED PROPERTY	
ADDRESS					
CITY, STATE, ZIP				R: TWP	
TELEPHONE NUMBER			STREET	CITY	
		OTHER	COUNTY	STATE	
HOME WHERE AND WHEN INS	URED CAN BE CONTAC	OTHER CTED			
DESCRIBE HOW LOSS (OCCURRED				
INSURED	AMOUNT				
PROPERTY	OF INSURAN	CE ESTIMATED LOSS	DESCRIBE DAMAGE	TO INSURED PROPERTY	
	repairs necessa	maged property?			
PERMANENT RI	EPAIRS SHALL	NOT BE MADE UNTIL CO	NTACTED BY AN AUTHORIZED A	ADJUSTER.	
			an insurer files a statement of cla ainst an insurer commits a crime.	aim containing any false, incomplete ."	
DATE		REPORTED BY	REPORTED TO	INSURED'S SIGNATURE	