

**NOTICE OF LOSS TO:**

CLAIM NUMBER	POLICY NUMBER	DATE OF LOSS (MO-DAY-YR)	TIME OF LOSS
INSURED		<b>LOCATION OF INSURED PROPERTY</b>	
ADDRESS		_____ ¼ SEC: _____ T: _____ R: _____; _____ TWP.	
CITY, STATE, ZIP		STREET _____ CITY _____	
TELEPHONE NUMBER		COUNTY _____ STATE _____	
HOME _____ OTHER _____			
WHERE AND WHEN INSURED CAN BE CONTACTED			

DESCRIBE HOW LOSS OCCURRED

INSURED PROPERTY	AMOUNT OF INSURANCE	ESTIMATED LOSS	DESCRIBE DAMAGE TO INSURED PROPERTY

- 1. Is there other insurance on damaged property?  Yes  No
- 2. Are temporary repairs necessary to prevent further damage?  Yes  No
- 3. Is subrogation a possibility?  Yes  No

**PERMANENT REPAIRS SHALL NOT BE MADE UNTIL CONTACTED BY AN AUTHORIZED ADJUSTER.**

**“A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information or helps to commit a fraud against an insurer commits a crime.”**

DATE	REPORTED BY	REPORTED TO	INSURED'S SIGNATURE
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