



PROPERTY LOSS NOTICE

CSR PB

DATE (MM/DD/YYYY)

AGENCY KLEIN INS. GROUP OF MADISON 702 N. HIGH POINT RD., STE 201 PO BOX 45470 MADISON WI 53744-5470	PHONE (A/C, No, Ext): 608-831-9700	MISCELLANEOUS INFO (Site & location code)	DATE OF LOSS AND TIME	AM	PREVIOUSLY REPORTED
FAX (A/C, No): 608-831-4777	E-MAIL ADDRESS:	CODE:	SUB CODE:	PM	YES
AGENCY CUSTOMER ID: TESTJ01					NO
POLICY TYPE	COMPANY AND POLICY NUMBER	NAIC CODE	POLICY DATES		
PROP/ HOME	CO:		EFF:		
	POL:		EXP:		
FLOOD	CO:		EFF:		
	POL:		EXP:		
WIND	CO:		EFF:		
	POL:		EXP:		

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

LOSS				POLICE OR FIRE DEPT TO WHICH REPORTED	
LOCATION OF LOSS	KIND OF LOSS			PROBABLE AMOUNT ENTIRE LOSS	
	<input type="checkbox"/> FIRE	<input type="checkbox"/> LIGHTNING	<input type="checkbox"/> FLOOD	<input type="checkbox"/> OTHER (explain)	
	<input type="checkbox"/> THEFT	<input type="checkbox"/> HAIL	<input type="checkbox"/> 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
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
	CONTENTS:	DEDUCTIBLE:		POST FIRM	FORM TYPE
					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		