



PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

| | | | | | | | |
|--|---|---|---------------------------|-----------|---------------------|-----|----|
| AGENCY The Cornerstone Insurance Group, LLC 721 Emerson Road, Ste. 500 P.O. Box 419151 St Louis MO 63141 | PHONE (A/C, No, Ext): (314) 373-2900 | MISCELLANEOUS INFO (Site & location code) | DATE OF LOSS AND TIME | AM | PREVIOUSLY REPORTED | | |
| FAX (A/C, No): (314) 373-2901 | E-MAIL ADDRESS: codyw@cornerstoneinsurancegroup | POLICY TYPE | COMPANY AND POLICY NUMBER | NAIC CODE | PM | YES | NO |
| CODE: 240549 | SUB CODE: | PROP/HOME | CO: | | | | |
| AGENCY CUSTOMER ID: 00000067 | | FLOOD | POL: | | | | |
| | | WIND | CO: | | | | |
| | | | POL: | | | | |

| | | | | | |
|--|--|---------------------------|----------------------|-------------------------------|-----------------|
| INSURED | | CONTACT | | CONTACT INSURED | |
| NAME AND ADDRESS OF INSURED | | DATE OF BIRTH | NAME AND ADDRESS | | |
| RESIDENCE PHONE (A/C, No) | | SOC SEC # OR FEIN: | | | |
| BUSINESS PHONE (A/C, No, Ext) | | RESIDENCE PHONE (A/C, No) | | BUSINESS PHONE (A/C, No, Ext) | |
| CELL PHONE (A/C, No) | | E-MAIL ADDRESS | | | |
| NAME AND ADDRESS OF SPOUSE (IF APPLICABLE) | | DATE OF BIRTH | CELL PHONE (A/C, No) | | E-MAIL ADDRESS |
| | | 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 | GENERAL | CONDO |
| | CONTENTS: | DEDUCTIBLE: | | POST FIRM | | | DWELLING | |
| WIND POLICY | BUILDING | DEDUCTIBLE | CONTENTS | ZONE | FORM TYPE | GENERAL | CONDO | |
| | | | | | | DWELLING | | |

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 | |