

<b>ACORD™ PROPERTY LOSS NOTICE</b>				DATE (MM/DD/YY)		
PRODUCER  KACO Claim Department P.O. Box 991009 Louisville, Kentucky 40269-1009	PHONE (A/C. No. Ext.)	MISCELLANEOUS INFO (Site & location code)	DATE OF LOSS AND TIME		<input type="checkbox"/> AM <input type="checkbox"/> PM	PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	POLICY TYPE	COMPANY AND POLICY NUMBER		NAIC CODE	POLICY DATES	
	PROP/ HOME	CO: POL:			EFF. EXP.	
CODE	FLOOD	CO: POL:			EFF. EXP.	
AGENCY CUSTOMER ID	WIND	CO: POL:			EFF. EXP.	

<b>INSURED</b>		<b>CONTACT</b>		<input type="checkbox"/> CONTACT INSURED
NAME AND ADDRESS	SOC. SEC. #:	NAME AND ADDRESS		WHERE TO CONTACT
RESIDENCE PHONE (A/C. No.)	BUSINESS PHONE (A/C. No. Ext.)	RESIDENCE PHONE (A.C. No.)	BUSINESS PHONE (A/C No. Ext.)	WHERE TO CONTACT

<b>LOSS</b>	
LOCATION OF LOSS	POLICE OR FIRE DEPT TO WHICH REPORTED
KIND OF 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	PROBABLE AMOUNT ENTIRE LOSS
DESCRIPTION OF LOSS & DAMAGE (use separate sheet, if necessary)	

<b>POLICY INFORMATION</b>					
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	DEDUCTIBLES	COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED
	<input type="checkbox"/> BLDG <input type="checkbox"/> CNTS				
	<input type="checkbox"/> BLDG <input type="checkbox"/> CNTS				
	<input type="checkbox"/> BLDG <input type="checkbox"/> CNTS				

SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)								
FLOOD POLICY	BUILDING 5	DEDUCTIBLE	ZONE	<input type="checkbox"/> PRE FIRM <input type="checkbox"/> POST FIRM	DIFF IN ELEV	FORM TYPE	<input type="checkbox"/> GENERAL <input type="checkbox"/> DWELLING	<input type="checkbox"/> CONDO
WIND POLICY	BUILDING	DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE	<input type="checkbox"/> GENERAL <input type="checkbox"/> CONDO <input type="checkbox"/> DWELLING		

REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)

CAT #	FICO #	ADJUSTER	ASSIGNED	ADJUSTER #	DATE ASSIGNED
REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED			