



**A.I.G. Associated Insurance Group**  
 150 Weldon Pkwy.  
 Maryland Heights, Mo 63043  
 P:314-432-1818 F:314-432-3100

**ACORD™ PROPERTY LOSS NOTICE** DATE (MM/DD/YYYY) / /

<b>PRODUCER</b> <input type="checkbox"/> <b>PHONE</b> (A/C, No, Ext): (314) 432-1812 Associated Insurance Group 150 Weldon Pkwy Maryland Heights MO 63043-		<b>MISCELLANEOUS INFO</b> (Site & location code)		<b>DATE OF LOSS AND TIME</b> / / : :		<b>AM</b> <input type="checkbox"/> <b>PREVIOUSLY REPORTED</b> <b>PM</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
<b>CODE:</b> _____ <b>SUB CODE:</b> _____ <b>AGENCY CUSTOMER ID</b>		<b>POLICY TYPE</b>		<b>COMPANY AND POLICY NUMBER</b>		<b>NAIC CODE</b>	
		<b>PROP/HOME</b> CO: _____ POL: _____				<b>POLICY DATES</b> EFF: / / EXP: / /	
		<b>FLOOD</b> CO: _____ POL: _____				EFF: / / EXP: / /	
		<b>WIND</b> CO: _____ POL: _____				EFF: / / EXP: / /	

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

**LOSS**

LOCATION OF LOSS _____ _____ _____				POLICE OR FIRE DEPT TO WHICH REPORTED _____			
KIND OF LOSS <input type="checkbox"/> FIRE <input type="checkbox"/> THEFT <input type="checkbox"/> LIGHTNING <input type="checkbox"/> HAIL <input type="checkbox"/> FLOOD <input type="checkbox"/> WIND <input type="checkbox"/> OTHER (explain)		PROBABLE AMOUNT ENTIRE LOSS _____					
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary) _____ _____ _____							

**POLICY INFORMATION**

MORTGAGEE  
 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

COVERAGES A, B, C, D 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)

<b>FLOOD POLICY</b> BUILDING: _____ CONTENTS: _____	DEDUCTIBLE: _____ DEDUCTIBLE: _____	ZONE _____ ZONE _____	PRE FIRM _____ POST FIRM _____	DIFF IN ELEV _____ DIFF IN ELEV _____	FORM TYPE _____ FORM TYPE _____	GENERAL _____ DWELLING _____	CONDO _____ CONDO _____
	BUILDING _____ CONTENTS _____	DEDUCTIBLE _____ DEDUCTIBLE _____	ZONE _____ ZONE _____	FORM TYPE _____ FORM TYPE _____	GENERAL _____ DWELLING _____	CONDO _____ 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	