

ACORDTM PROPERTY LOSS NOTICE							DATE		
PRODUCER		PHONE (A/C, No, Ext): (312) 915-2200		MISCELLANEOUS INFO (Site & location code)		DATE OF LOSS AND TIME		PREVIOUSLY REPORTED	
JMB Insurance Agency, Inc. 900 N. Michigan Avenue, Suite Chicago IL 60611		POLICY TYPE		COMPANY AND POLICY NUMBER		NAIC CODE		POLICY DATES	
CODE:		SUB CODE:		AGENCY CUSTOMER ID		PROP/HOME		FLOOD	
						CO:		EFF:	
						POL:		EXP:	
						CO:		EFF:	
						POL:		EXP:	
						CO:		EFF:	
						POL:		EXP:	

INSURED			CONTACT			<input checked="" type="checkbox"/> CONTACT INSURED		
NAME AND ADDRESS OF INSURED			DATE OF BIRTH		NAME AND ADDRESS OF INSURED			
			SOC SEC #:					
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)						
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)			DATE OF BIRTH		RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)	
			SOC SEC #:		WHERE TO CONTACT		WHEN TO CONTACT	

LOSS																		
LOCATION OF LOSS					POLICE OR FIRE DEPT TO WHICH REPORTED													
<table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> FIRE</td> <td><input type="checkbox"/> LIGHTNING</td> <td><input type="checkbox"/> FLOOD</td> <td><input type="checkbox"/> OTHER (explain)</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> THEFT</td> <td><input type="checkbox"/> HAIL</td> <td><input type="checkbox"/> WIND</td> <td></td> <td colspan="2"></td> </tr> </table>					<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	
<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
COVERAGES 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
	<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:		DEDUCTIBLE:		ZONE	PRE FIRM
						DIFF IN ELEV
	CONTENTS:		DEDUCTIBLE:			FORM TYPE
						GENERAL
						CONDO
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	