

# ACORD<sup>TM</sup> PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

PRODUCER GBS Insurance Agency, Inc. 6300 West Loop South, #220 Bellaire, TX 77401	PHONE (A/C, No, Ext): 713-666-3601	MISCELLANEOUS INFO (Site & location code)	DATE OF LOSS AND TIME	AM PM	PREVIOUSLY REPORTED YES NO
CODE: AGENCY CUSTOMER ID	SUB CODE:	POLICY TYPE COMPANY AND POLICY NUMBER NAIC CODE POLICY DATES	FLOOD WIND	PROP/HOME CO: POL:	EFF: EXP:
FLOOD POL:	CO: POL:	EFF: EXP:	WIND CO: POL:	EFF: EXP:	EFF: EXP:

<b>INSURED</b>		<b>CONTACT</b>		CONTACT INSURED	
NAME AND ADDRESS OF INSURED		DATE OF BIRTH	NAME AND ADDRESS OF INSURED		
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 # OR FEIN:	WHERE TO CONTACT	WHEN 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"/> THEFT	<input type="checkbox"/> LIGHTNING <input type="checkbox"/> HAIL	<input type="checkbox"/> FLOOD <input type="checkbox"/> WIND <input type="checkbox"/> OTHER (explain)
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)			PROBABLE AMOUNT ENTIRE LOSS

<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	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 DWELLING	CONDO		
	CONTENTS: DEDUCTIBLE:		POST FIRM						
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				