



# 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:	POLICY DATES	EFF:		
AGENCY CUSTOMER ID: 00000067		FLOOD	POL:		EXP:		
		WIND	CO:	EFF:			
			POL:	EXP:			

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

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		