ACORD™ PROPERTY LOSS NOTICE

DATE (MM/DD/YY)

| PRODUCER | PHONE (A/C. No. Ext.) | MISCELLANEOUS INFO (Site & location code) | DATE OF LOSS AND TIME | ☐ AM | PREVIOUSLY REPORTED |
| | | | | ☐ PM | ☐ YES ☐ NO |

KACO Claim Department
P.O. Box 991009
Louisville, Kentucky 40269-1009

POLICY TYPE	COMPANY AND POLICY NUMBER	NAIC CODE	POLICY DATES
PROP/HOME	CO:		EFF.
	POL:		EXP.

CODE

FLOOD	CO:		EFF.
	POL:		EXP.

AGENCY CUSTOMER ID

WIND	CO:		EFF.
	POL:		EXP.

INSURED   CONTACT   ☐ CONTACT INSURED

NAME AND ADDRESS	SOC. SEC. #:	NAME AND ADDRESS	WHERE TO CONTACT
			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.)

LOSS

LOCATION OF LOSS	POLICE OR FIRE DEPT TO WHICH REPORTED

| KIND OF LOSS | ☐ FIRE ☐ LIGHTNING ☐ FLOOD | ☐ OTHER EXPLAIN | PROBABLE AMOUNT ENTIRE LOSS |
| | ☐ THEFT ☐ HAIL ☐ WIND | | |

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

☐ 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
	☐ BLDG	☐ CNTS				
	☐ BLDG	☐ CNTS				
	☐ BLDG	☐ CNTS				

SUBJECT TO FORMS
(Insert form numbers and edition dates, special deductibles)

FLOOD POLICY	BUILDING 5	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)

CAT #	FICO #	ADJUSTER	ASSIGNED	ADJUSTER #	DATE ASSIGNED

REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED

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