**PROPERTY LOSS REPORT**

Please furnish the following information for prompt handling of your claim.

### CLAIM NOTIFICATION / POLICYHOLDER INFORMATION

<table>
<thead>
<tr>
<th>Date Reported</th>
<th>Reported by: (Name)</th>
<th>(Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phone: (Home)</td>
<td>(Work)</td>
</tr>
<tr>
<td></td>
<td>Fax</td>
<td>E-mail</td>
</tr>
<tr>
<td>Account No.</td>
<td>Policy No.</td>
<td>Effective Date</td>
</tr>
<tr>
<td></td>
<td>Date of Loss</td>
<td>Time of Loss</td>
</tr>
<tr>
<td>Insured's Name (as it appears on policy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address 1 (Street)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address 2 (Street)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Are you insured with any other company?</td>
<td>No  Yes  Company?</td>
<td></td>
</tr>
</tbody>
</table>

### LOSS INFORMATION

<table>
<thead>
<tr>
<th>Type of Loss</th>
<th>Location of Loss (Street)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Police or Fire Dept. reported to (if any) Report No.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Address (Street)</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td></td>
<td>Phone No.: (       )</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### LOSS DESCRIPTION

Give a complete description of property and circumstances of loss. Include estimates or proposals for repair.

* SECOND PAGE MUST BE COMPLETED AND SIGNED *
STATE - SPECIFIC FRAUD WARNING STATEMENTS FOR PROPERTY LOSS CLAIM FORMS
(PLEASE READ CAREFULLY)

Arizona
"For your protection, Arizona law requires the following statement to appear on this form:
Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to
criminal and civil penalties.

California
"For your protection California law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of
a crime and may be subject to fines and confinement in state prison."

Colorado
"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance
company for the purpose of defrauding or attempting to defraud the company. Penalties may include
imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an
insurance company who knowingly provides false, incomplete, or misleading facts or information to a
policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or
claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the
Colorado Division of Insurance within the Department of Regulatory Agencies."

Florida
"Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a
statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the
third degree."

Maine
"It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company
for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of
insurance benefits."

New Jersey
"Any person who knowingly files a statement of claim containing any false or misleading information is
subject to criminal and civil penalties.

New York
"Any person who knowingly and with intent to defraud any insurance company or other person files an
application or statement of claim containing any materially false information, or conceals for the purpose
of misleading, information concerning any fact material thereto, commits a fraudulent insurance act,
which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the
stated value of the claim for each violation."

Pennsylvania
"Any person who knowingly and with intent to defraud any insurance company or other person files an
application for insurance or statement of claim containing any materially false information or conceals for
the purpose of misleading, information concerning any fact material thereto commits a fraudulent
insurance act, which is crime and subjects such person to criminal and civil penalties."

Alaska, Arkansas, Delaware, District of Columbia, Idaho, Indiana, Kentucky, Minnesota, New Hampshire, New
Mexico, Ohio, Oklahoma, and Virginia

"For your protection, these states require the following wording on this form:
Any person who knowingly and with intent to defraud an insurer files a statement of claim containing false,
inflated, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud
and may be subject to civil fines, criminal penalties, and denial of insurance benefits."

Applicable in All States

For your protection, review your policy for an explanation of the insured's duties in the event of a loss. Failure to
comply with these duties may void your policy.

Your signature will assist in prompt handling of this claim.

Name (print) ____________________________________________
Phone:  Home (            ) Work (            )
City ___________________________ State ______ Zip Code ______
Signature ___________________________ Date ____________

CL 410 (10-99)