

SENECA

PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	MISCELLANEOUS INFO (Site & location code)		DATE OF LOSS AND TIME		AM	PREVIOUSLY REPORTED	
						PM	YES	NO
FAX (A/C, No):	E-MAIL ADDRESS:	POLICY TYPE	COMPANY AND POLICY NUMBER		NAIC CODE		POLICY DATES	
		PROP/HOME	CO:				EFF:	
CODE:	SUB CODE:	FLOOD	POL:				EXP:	
		WIND	CO:				EFF:	
AGENCY CUSTOMER ID:			POL:				EXP:	

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

LOSS						
LOCATION OF LOSS					POLICE OR FIRE DEPT TO WHICH REPORTED/INCIDENT #	
KIND OF LOSS	<input type="checkbox"/> FIRE	<input type="checkbox"/> LIGHTNING	<input type="checkbox"/> FLOOD	<input type="checkbox"/> OTHER (explain)	PROBABLE AMOUNT ENTIRE LOSS	
	<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											
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					
	<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		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			

Applicable in 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.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia, Washington and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.

Applicable in California

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

Applicable in 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who knowingly and with the 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.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.