



PROPERTY LOSS NOTICE

DATE (mm/dd/yy)

8/31/01

PRODUCER Visions Insurance Service 123 Main Street Santa Ana CA 92705 (714) 544-1943		MISCELLANEOUS INFORMATION (Site & location code)	DATE OF LOSS AND TIME 01/10/01 06:00	PREVIOUSLY REPORTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
POLICY TYPE	COMPANY AND POLICY NUMBER CO: HPR Insurance Companies POL: PR-00-98765432	NAIC CODE	EFF DATE 7/1/00	EXP DATE 7/1/01
CODE	SUBCODE	FLOOD CO: POL:	WIND CO: POL:	
AGENCY CUSTOMER ID				

INSURED NAME AND ADDRESS OF INSURED Widget Manufacturing Company, Inc. Widgets Unlimited, LTD. 17821 E. Seventeenth Street Ste 100 Rancho Santa Ana CA 92704		DATE OF BIRTH	CONTACT <input checked="" type="checkbox"/> CONTACT INSURED NAME AND ADDRESS OF CONTACT Michael R. Johanssen 2435 E. Vernon Avenue Los Angeles CA 90225	
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext) 714.544.1943	FEDERAL ID #: 355324567	
NAME AND ADDRESS OF SPOUSE (If applicable)		DATE OF BIRTH	FAX NUMBER (A/C, No) 310.323.8643	BUSINESS PHONE (A/C, No, Ext) 310.323.8800 312
		SOC SEC #:	WHERE TO CONTACT Business	WHEN TO CONTACT Days

LOSS LOCATION OF LOSS 3647 W. Bandini Boulevard Los Angeles CA 90225		POLICE OR FIRE DEPT TO WHICH REPORTED Los Angeles Police Department
KIND OF LOSS <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> THEFT	<input type="checkbox"/> LIGHTNING <input type="checkbox"/> HAIL	<input type="checkbox"/> FLOOD <input type="checkbox"/> WIND
<input type="checkbox"/> OTHER (Explain)		PROBABLE AMOUNT ENTIRE LOSS \$ 47,000

DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)
Trucking company arrived after hours with a trailer of widgets. As no one was on duty, trucker dropped the trailer at the loading dock and when employees arrived, trailer had already been stolen.

POLICY INFORMATION MORTGAGEE <input type="checkbox"/> NO MORTGAGEE					
HOMEOWNER POLICIES SECTION 1 ONLY (Complete for coverages A,B,C,D & add'l coverages. For Homeowners Liability Losses, use QA 0-3).					
A. DWELLING	B. OTHER STRUCTURE	C. PERSONAL PROP	D. LOSS OF USE	DEDUCTIBLE	DESCRIBE ADDITIONAL COVERAGES PROVIDED
					ON

COVERAGE A. EXCLUDES WIND
 SUBJECT TO FORMS (Insert form no. & 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 CONTENTS:	DEDUCTIBLE:	ZONE	PRE FIRM POST FIRM	DIFF IN ELEV	FORM TYPE	GENERAL DWELLING	CONDO
WIND POLICY	BUILDING CONTENTS	DEDUCTIBLE	ZONE	FORM TYPE	GENERAL DWELLING	GENERAL		

REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)

CAT #	FICO #	ADJUSTER ASSIGNED	ADJUSTER #	DATE ASSIGNED
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REPORTED BY Mike Johanssen	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED
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