

Immediate Notice of Loss



State National Fire Insurance
Home Office: Shreveport, Louisiana

P.O. Box 55
Shreveport, LA 71161
(800) 234-0183 • FAX: (318) 222-0571

TYPE OF LOSS				Date of Loss _____, _____	
<input type="checkbox"/> Fire	<input type="checkbox"/> Dwelling			Time Called _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
<input type="checkbox"/> Lightning	<input type="checkbox"/> Contents			Estimated Loss \$ _____	
<input type="checkbox"/> Extended Coverage	<input type="checkbox"/> Both				
<input type="checkbox"/> Theft					
PLAN	AGENCY NO.	DATE OF BIRTH	SOCIAL SECURITY NUMBER		POLICY NUMBER
TOWN CLASS	PREMIUM	AMOUNT OF COVERAGE		ISSUE DATE	DPT
		BUILDING	CONTENTS		
Insured's Name (<i>Last, Middle, First</i>) _____			Telephone No. (____) _____		
Property Address (<i>Loss Location</i>) _____					
<i>Street and Number</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Temporary Address _____					
<i>Street and Number</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	
DESCRIPTION OF PROPERTY AND HOW LOSS OCCURRED					
Describe contents loss and how loss occurred: _____					

Describe dwelling loss and how loss occurred: _____					

Other Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Policy Number _____ Amount of Insurance \$ _____					
Name of Company _____					
Address _____					
<i>Street and Number</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Insured can be reached: _____					
<input type="checkbox"/> At temporary address shown above			<input type="checkbox"/> Telephone No. (____) _____		
<input type="checkbox"/> At work _____			<input type="checkbox"/> Telephone No. (____) _____		
<i>Name of Company</i>					
Address _____					
<i>Street and Number</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of Mortgage Company _____					
Address of Mortgage Company (<i>City/State</i>) _____					
Notice Received By: _____					
<i>Company Representative</i>			<i>Title</i>		
Date _____, _____					