

FAIR PLAN PROPERTY LOSS NOTICE

MAIL or FAX LOSS TO:

Missouri Property Insurance Placement Facility

906 Olive Suite 1000 - St Louis Mo 63101

Office (314)421-0170 Fax (314)421-2575

PRODUCER

Name _____

Address _____

City, State, Zip _____

Phone _____

Today's Date (MM/DD/YY) _____

Policy Number _____

Policy Eff Date (MM/DD/YY) _____

Policy Exp Date (MM/DD/YY) _____

INSURED(s)

Name _____ Phone Number _____

Address _____ City, State, Zip _____

CONTACT PERSON

Name(s) _____

List ALL daytime phone numbers and best time to call _____

LOSS INFORMATION

DATE OF LOSS (MM/DD/YY) _____ Time Of Loss _____ AM/PM

Kind Of Loss (Fire, Wind, Hail, Explosion, Etc) _____ Probable Amount Entire Loss _____

Address Of Loss (City, State, Zip) _____

Description Of Loss & Damage (If additional space is needed, use separate sheet) _____

Police or Fire Dept To Which Reported _____

POLICY INFORMATION

Mortgagee (If none, indicate so) _____

FIRES, ALLIED LINES & Multi-peril policies (Complete only those items involved in loss)

<u>ITEM</u>	<u>AMOUNT</u>	<u>BUILDING</u>	<u>CONTENTS</u>	<u>OTHER</u>	<u>% COINS</u>	<u>DEDUCTIBLE</u>	<u>COVERAGE &/OR DESCRIPTION OF PROPERTY INSURED</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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

_____ Deductible _____

MISCELLANEOUS INFORMATION: Other Insurance (List companies, policy numbers, coverages & policy amounts)

REPORTED BY _____ REPORTED TO _____

REMARKS _____

Signature of Producer or Insured _____ Date _____

FOR OFFICE USE ONLY:

Adjuster Assigned

Date Assigned (MM/DD/YY)