

JPA - PROPERTY LOSS NOTICE (REAL & PERSONAL)

DISTRICT NAME AND ADDRESS	CONTACT	WHERE TO CONTACT
		WHEN TO CONTACT
		DATE & TIME OF LOSS
BUSINESS PHONE(A/C, No, Ext)	BUSINESS PHONE(A/C, No, Ext)	

LOSS LOCATION OF LOSS	OWNED <input type="radio"/> LEASED <input type="radio"/> RENTED <input type="radio"/> LENGTH OF LEASE/RENTAL YRS MOS	AUTHORITY CONTACTED, REPORT #
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KIND OF LOSS	PROBABLE AMOUNT ENTIRE LOSS																
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">FIRE</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">LIGHTNING</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">FLOOD</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">OTHER (explain)</td> <td style="width:10%;"><input type="checkbox"/></td> </tr> <tr> <td>THEFT</td> <td><input type="checkbox"/></td> <td>HAIL</td> <td><input type="checkbox"/></td> <td>WIND</td> <td><input type="checkbox"/></td> <td>VAND</td> <td><input type="checkbox"/></td> </tr> </table>	FIRE	<input type="checkbox"/>	LIGHTNING	<input type="checkbox"/>	FLOOD	<input type="checkbox"/>	OTHER (explain)	<input type="checkbox"/>	THEFT	<input type="checkbox"/>	HAIL	<input type="checkbox"/>	WIND	<input type="checkbox"/>	VAND	<input type="checkbox"/>	
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DESCRIPTION OF LOSS & DAMAGE (Use reverse side, if necessary)

OTHER INSURANCE			
YES <input type="radio"/>	Homeowners <input type="radio"/>	INSURED/NAME AND ADDRESS	INSURANCE CARRIER/POLICY #
	Renters <input type="radio"/>		
NO <input type="radio"/>	Other <input type="radio"/>		

REMARKS

REPORTED BY	REPORTED TO	SIGNATURE OF DISTRICT REPRESENTATIVE
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