

# PROPERTY LOSS NOTICE

## ACORD 1 (2016/10)

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 1 (2016/10)</b>	<b>PROPERTY LOSS NOTICE</b>	The title of the form. ACORD 1, Property Loss Notice, is used for reporting commercial and personal lines property losses including Homeowners, Dwelling Fire, Inland Marine, Commercial Property, Flood, Wind and others.
<b>IDENTIFICATION SECTION</b>	<b>Date</b>	Enter date: The date on which the form is completed. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer / agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address line one of the producer / agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address line two of the producer / agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address city name of the producer / agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address state or province code of the producer / agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address postal code of the producer / agency.
<b>IDENTIFICATION SECTION</b>	<b>Contact Name</b>	Enter text: The name of the individual at the producer's establishment that is the primary contact.
<b>IDENTIFICATION SECTION</b>	<b>Phone (A/C, No, Ext)</b>	Enter number: The phone number of the individual at the producer's establishment that is the primary contact. If applicable, include the area code and extension.
<b>IDENTIFICATION SECTION</b>	<b>FAX</b>	Enter number: The fax number of the producer / agency.
<b>IDENTIFICATION SECTION</b>	<b>E-Mail Address</b>	Enter text: The e-mail address of the individual at the producer's establishment that is the primary contact.
<b>IDENTIFICATION SECTION</b>	<b>Code</b>	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
<b>IDENTIFICATION SECTION</b>	<b>Subcode</b>	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., individual) within a producer's office (e.g., agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Insured Location Code</b>	Enter code: The code the policyholder defines that is used to allocate loss experience to cost centers. For example, if a grocery store chain is insured and the entire chain was under one policy, the grocery store chain might choose to allocate the losses for each store. To do this they would provide a store number or store code (something the insured defines) when they report a claim. The insured would include that store number in the "Insured Location Code" field so that the carrier can record the code in their claim system and then the right store is assessed the loss experience.
<b>IDENTIFICATION SECTION</b>	<b>Date of Loss</b>	Enter date: The date that the loss occurred.
<b>IDENTIFICATION SECTION</b>	<b>Time of Loss</b>	Enter time: The approximate time that the loss occurred.
<b>IDENTIFICATION SECTION</b>	<b>AM</b>	Check the box (if applicable): Indicates the loss occurred in the morning.
<b>IDENTIFICATION SECTION</b>	<b>PM</b>	Check the box (if applicable): Indicates the loss occurred in the afternoon or evening.
<b>IDENTIFICATION SECTION</b>	<b>Property/Home Company</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>IDENTIFICATION SECTION</b>	<b>Line of Business</b>	Enter text: The description of the other line of business.
<b>IDENTIFICATION SECTION</b>	<b>Flood Company</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>IDENTIFICATION SECTION</b>	<b>Wind Company</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).

Section Name	Field Name	Field and/or Section Description
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>INSURED</b>	<b>Name of Insured</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>INSURED</b>	<b>Date of Birth</b>	Enter date: The date of birth of the insured. (MM/DD/YYYY)
<b>INSURED</b>	<b>FEIN (if applicable)</b>	Enter identifier: The tax identifier of the named insured. As used here, this is the Federal Employer's Identification Number, if applicable.
<b>INSURED</b>	<b>Marital Status / Civil Union (if applicable)</b>	Enter code: The insured's marital status. The applicable codes are: * S Single * M Married * D Divorced * F Fiancé or Fiancée * P Separated * W Widowed * C Domestic Partner (unmarried) * V Civil Union / Registered Domestic Partner * U Unknown * O Other
<b>INSURED</b>	<b>Primary Phone Number</b>	Enter number: The named insured's primary phone number.
<b>INSURED</b>	<b>Home</b>	Check the box (if applicable): Indicates the primary phone number is for a home phone.
<b>INSURED</b>	<b>Business</b>	Check the box (if applicable): Indicates the primary phone number is for a business phone.
<b>INSURED</b>	<b>Cell</b>	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
<b>INSURED</b>	<b>Secondary Phone</b>	Enter number: The named insured's secondary phone number.
<b>INSURED</b>	<b>Home</b>	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
<b>INSURED</b>	<b>Business</b>	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
<b>INSURED</b>	<b>Cell</b>	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
<b>INSURED</b>	<b>Insured's Mailing Address</b>	Enter text: The named insured's mailing address line one.

Section Name	Field Name	Field and/or Section Description
INSURED		Enter text: The named insured's mailing address line two.
INSURED		Enter text: The named insured's mailing address city name.
INSURED		Enter code: The named insured's mailing address state or province code.
INSURED		Enter code: The named insured's mailing address postal code.
INSURED	<b>Primary E-Mail Address</b>	Enter text: The named insured's primary e-mail address.
INSURED	<b>Secondary E-Mail Address</b>	Enter text: The named insured's secondary e-mail address.
INSURED	<b>Name of Spouse</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
INSURED	<b>Date of Birth</b>	Enter date: The date of birth of the insured. (MM/DD/YYYY)
INSURED	<b>FEIN (if applicable)</b>	Enter identifier: The tax identifier of the named insured. As used here, this is the Federal Employer's Identification Number, if applicable.
INSURED	<b>Marital Status / Civil Union (if applicable)</b>	Enter code: The insured's marital status. The applicable codes are: * S Single * M Married * D Divorced * F Fiancé or Fiancée * P Separated * W Widowed * C Domestic Partner (unmarried) * V Civil Union / Registered Domestic Partner * U Unknown * O Other
INSURED	<b>Primary Phone Number</b>	Enter number: The named insured's primary phone number.
INSURED	<b>Home</b>	Check the box (if applicable): Indicates the primary phone number is for a home phone.
INSURED	<b>Business</b>	Check the box (if applicable): Indicates the primary phone number is for a business phone.
INSURED	<b>Cell</b>	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
INSURED	<b>Secondary Phone</b>	Enter number: The named insured's secondary phone number.
INSURED	<b>Home</b>	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
INSURED	<b>Business</b>	Check the box (if applicable): Indicates the secondary phone number is for a business phone.

Section Name	Field Name	Field and/or Section Description
INSURED	Cell	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
INSURED	Spouse's Mailing Address	Enter text: The named insured's mailing address line one.
INSURED		Enter text: The named insured's mailing address line two.
INSURED		Enter text: The named insured's mailing address city name.
INSURED		Enter code: The named insured's mailing address state or province code.
INSURED		Enter code: The named insured's mailing address postal code.
INSURED	Primary E-Mail Address	Enter text: The named insured's primary e-mail address.
INSURED	Secondary E-Mail Address	Enter text: The named insured's secondary e-mail address.
CONTACT	Contact Insured	Check the box (if applicable): Indicates If the individual to contact is the same as the insured, check this box and leave blank the areas for contact name, address and phone numbers.
CONTACT	Name of Contact	Enter text: The full name (First, Middle, Last) of the individual to be contacted as a representative of the insured on all subsequent business relating to this incident. No entry is needed if the 'Contact Insured' option is checked.
CONTACT	Primary Phone Number	Enter number: The loss contact's primary telephone number including area code.
CONTACT	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the primary phone number is for a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
CONTACT	Secondary Phone	Enter number: The loss contact's secondary telephone number including area code.
CONTACT	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
CONTACT	When to Contact	Enter text: The best time of the day to contact this individual (e.g., evenings, days, noon to 3:00 P.M.).
CONTACT	Contact's Mailing Address	Enter text: The loss contact's first address line.
CONTACT		Enter text: The loss contact's second address line.

Section Name	Field Name	Field and/or Section Description
CONTACT		Enter text: The loss contact's city.
CONTACT		Enter code: The loss contact's state.
CONTACT		Enter code: The loss contact's postal code.
CONTACT	<b>Primary E-Mail Address</b>	Enter text: The loss contact's primary e-mail address.
CONTACT	<b>Secondary E-Mail Address</b>	Enter text: The loss contact's secondary e-mail address.
LOSS	<b>Location of Loss Street</b>	Enter text: The loss location's physical street address.
LOSS	<b>Location of Loss City, State, Zip</b>	Enter text: The loss location's city.
LOSS		Enter code: The loss location's state or province code.
LOSS		Enter code: The loss location's postal code.
LOSS	<b>Location of Loss Country</b>	Enter code: The loss location's country code.
LOSS	<b>Describe Location of Loss if not at Specific Street Address</b>	Enter text: The description of the location of loss if not at a specific street address.
LOSS	<b>Police or Fire Department Contacted</b>	Enter text: The name of the municipal, county or other police department, fire department or other authority to which the accident was reported, including any precinct or station number, if available.
LOSS	<b>Report Number</b>	Enter identifier: The report number assigned by the authority contacted. For example, the number of the vehicle incident report filed by the police after an automobile accident.
LOSS	<b>Kind of Loss</b>	Check the box (if applicable): Indicates the loss was due to fire.
LOSS	<b>Kind of Loss</b>	Check the box (if applicable): Indicates the loss was due to theft.
LOSS	<b>Kind of Loss</b>	Check the box (if applicable): Indicates the loss was due to lightning.
LOSS	<b>Kind of Loss</b>	Check the box (if applicable): Indicates the loss was due to hail.
LOSS	<b>Kind of Loss</b>	Check the box (if applicable): Indicates the loss was due to flooding.
LOSS	<b>Kind of Loss</b>	Check the box (if applicable): Indicates the loss was due to wind.
LOSS	<b>Kind of Loss</b>	Check the box (if applicable): Indicates the loss was due to other than those types listed.
LOSS	<b>Kind of Loss</b>	Enter text: The description of the cause of the loss.
LOSS	<b>Probable Amount Entire Loss</b>	Enter amount: The estimated dollar amount which may be paid on all claims arising from this incident. If no dollar estimate is available, provide a description such as "small" or "substantial".

Section Name	Field Name	Field and/or Section Description
<b>LOSS</b>	<b>Description of Loss &amp; Damage</b>	Enter text: The description of the cause of the loss and resulting damage, including the areas of buildings which were damaged. Note: If the loss resulted in bodily injury to individuals or damage to the property of others, indicate in the Remarks Section and complete the appropriate additional claim form.
<b>LOSS</b>	<b>Reported By</b>	Enter text: The name of the individual that reported the loss.
<b>LOSS</b>	<b>Reported To</b>	Enter text: The name of the individual within the agency or company to whom this loss was reported.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>REMARKS</b>		Enter text: The property loss notice general remarks. Describe any other additional information that will assist in properly reporting and settling this claim. Include the adjuster's name if known. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).