

# Immediate Notice of Loss



State National Fire Insurance  
Home Office: Shreveport, Louisiana

Administrative Service Office  
630 Village Lane North  
Mandeville, LA 70471-2946  
(800) 234-0183 • FAX: (985) 624-8892

|  |                                   |               |   |   |                 |
|--|-----------------------------------|---------------|---|---|-----------------|
| <b>TYPE OF LOSS</b>  |                                   |               |   | 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      |
|  |                                   |               | BUILDING  | CONTENTS  | DPT             |
|  |                                   |               |   |   |                 |
| 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> |
| <b>DESCRIPTION OF PROPERTY AND HOW LOSS OCCURRED</b>   |                                   |               |   |   |                 |
| 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 _____, _____  |                                   |               |   |   |                 |

