




PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY		INSURED LOCATION CODE	DATE OF LOSS AND TIME	AM
 ROANOKE INSURANCE GROUP <i>Serving Farmers & Commercial Ag Exposures in NC, SC, VA</i> 419 East Boulevard, Williamston, NC 27892		PROPERTY / HOME POLICY		
		CARRIER	NAIC CODE	
CONTACT NAME:		POLICY NUMBER		
PHONE (A/C, No, Ext): (252) 809-0300		FLOOD POLICY		
FAX (A/C, No): (252) 809-0700		CARRIER	NAIC CODE	
E-MAIL ADDRESS: contactus@roanokeinsurancegroup.com		POLICY NUMBER		
CODE:	SUBCODE:	WIND POLICY		
AGENCY CUSTOMER ID:		CARRIER	NAIC CODE	
		POLICY NUMBER		

INSURED

NAME OF INSURED (First, Middle, Last)			INSURED'S MAILING ADDRESS		
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS			
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:	
				SECONDARY E-MAIL ADDRESS:	
NAME OF SPOUSE (First, Middle, Last) (if applicable)			SPOUSE'S MAILING ADDRESS (if applicable)		
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS			
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:	
				SECONDARY E-MAIL ADDRESS:	

CONTACT

NAME OF CONTACT (First, Middle, Last)			CONTACT'S MAILING ADDRESS		
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		
WHEN TO CONTACT			PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		

LOSS

LOCATION OF LOSS		POLICE OR FIRE DEPARTMENT CONTACTED	
STREET:			
CITY, STATE, ZIP:		REPORT NUMBER	
COUNTRY:			
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:			
KIND OF LOSS	<input type="checkbox"/> FIRE <input type="checkbox"/> LIGHTNING <input type="checkbox"/> FLOOD <input type="checkbox"/>	PROBABLE AMOUNT ENTIRE LOSS	
	<input type="checkbox"/> THEFT <input type="checkbox"/> HAIL <input type="checkbox"/> WIND		
DESCRIPTION OF LOSS & DAMAGE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			
REPORTED BY		REPORTED TO	