



# AIUA

Call: (866)780-2482  
Email: [claims@aiua.org](mailto:claims@aiua.org)

## PROPERTY LOSS NOTICE

### INSURED INFORMATION

<b>AIUA POLICY NUMBER</b>				
<b>DATE OF LOSS (MM/DD/YYYY)</b>		<b>DATE REPORTED (MM/DD/YYYY)</b>		
<b>INSURED NAME (FIRST, MIDDLE, LAST)</b>				
<b>INSURED MAILING ADDRESS</b>	<b>STREET</b>			
	<b>CITY, STATE, ZIP</b>			
<b>PRIMARY PHONE #</b>		<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL
<b>SECONDARY PHONE #</b>		<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL
<b>OTHER PHONE #</b>		<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL
<b>EMAIL ADDRESS</b>				

### CONTACT INFORMATION (IF DIFFERENT FROM INSURED)

<b>NAME OF CONTACT (FIRST, MIDDLE, LAST)</b>				
<b>CONTACT PHONE #</b>		<input type="checkbox"/> HOME	<input type="checkbox"/> BUS	<input type="checkbox"/> CELL

### LOSS INFORMATION

<b>LOSS LOCATION</b>	<b>STREET</b>	
	<b>CITY, STATE, ZIP</b>	

<b>KIND OF LOSS</b>	<input type="checkbox"/> FIRE	<input type="checkbox"/> HAIL	<input type="checkbox"/> FLOOD
	<input type="checkbox"/> LIGHTNING	<input type="checkbox"/> VANDALISM	<input type="checkbox"/> WATER DAMAGE
	<input type="checkbox"/> WIND	<input type="checkbox"/> THEFT	
	<input type="checkbox"/> OTHER: (SPECIFY) _____		

<b>DETAILED DESCRIPTION OF LOSS</b>	<b>PROBABLE AMOUNT OF ENTIRE LOSS</b>

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

<b>SIGNATURE OF INSURED</b>		<b>SIGNATURE OF AGENT</b>	
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