

Date of Notice:

PROPERTY LOSS NOTICE

Alliant Insurance Services
18100 Von Karman Ave 10th Floor
Irvine, CA 92612

Date of Loss:
Time of Loss:
Previously Reported? Yes No

Producer Phone: (949) 756-0271
Producer Fax: (949) 756-2713

Insurance Company:
Policy Number:
Effective Date:

INSURED

OAR CONTACT

LAUSD

Title:
Name:
Phone:
Email:
Address:

LOSS

Location of Loss:

Police or Fire Dept to which reported:

Kind of Loss:

Fire Theft
Lightning Hail/Wind
Other

Probable Amount Entire Loss (if known):
\$

Description of Loss and Damage:

POLICY INFORMATION

Mortgagee: Yes No

ITEM	SUBJECT OF INSURANCE	AMOUNT	DEDUCTIBLE	COVERAGE
	Bldg <input type="checkbox"/> Cnts <input type="checkbox"/> Other <input type="checkbox"/>		\$	
	Bldg <input type="checkbox"/> Cnts <input type="checkbox"/> Other <input type="checkbox"/>		\$	
	Bldg <input type="checkbox"/> Cnts <input type="checkbox"/> Other <input type="checkbox"/>		\$	

REMARKS/OTHER INSURANCE

Reported by:

Reported to:

Producer Signature: