



ALABAMA INSURANCE UNDERWRITING ASSOCIATION

Call: (866)780-2482
Fax: (866)728-1783
Email: claims@aiua.org

PROPERTY LOSS NOTICE

INSURED INFORMATION

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

CONTACT INFORMATION (IF DIFFERENT FROM INSURED)

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

LOSS INFORMATION

LOSS LOCATION	STREET			
	CITY, STATE, ZIP			

KIND OF LOSS	<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) _____		

DETAILED DESCRIPTION OF LOSS	PROBABLE AMOUNT OF ENTIRE LOSS

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.

SIGNATURE OF INSURED		SIGNATURE OF AGENT	
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