



Property Loss Notice

Reference Number

INITIAL INFORMATION

Notice Only? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of incident	Time of incident	Date Insured Notified	Incident State
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INSURED INFORMATION

Insured Name	FEIN	Telephone Number	Is the mailing address the same? <input type="checkbox"/> Yes <input type="checkbox"/> No
Insured Address, City, State, Zip, County	Fax Number	Mailing Address, City, State, Zip, County	

POLICY INFORMATION

Policy Division	Policy Prefix	Policy Number	Policy Effective Date	Policy Expiration Date
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INCIDENT INFORMATION

Incident Location Address	Description of Incident
Is there mortgage on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Mortgagee
Was the location inspected immediately after the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were any photos taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cause of Loss <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Hail <input type="checkbox"/> Lightning <input type="checkbox"/> Wind <input type="checkbox"/> Burglary <input type="checkbox"/> Robbery <input type="checkbox"/> Other	If Other, please describe:
If Burglary/Robbery, was the suspect apprehended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Category of Loss <input type="checkbox"/> Boiler and Machinery <input type="checkbox"/> Building and Contents <input type="checkbox"/> Cargo <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Other	If Other, please describe:
Damage Description	Estimate of Damage (\$)

EMERGENCY SERVICES

Were authorities contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Police	<input type="checkbox"/> Fire	<input type="checkbox"/> Other
Authority Name	Report Number	Violations/Citations	
Authority Name	Report Number		
Authority Name	Telephone Number		

CONTACT INFORMATION

Contact Name	Telephone Number	Cell Phone Number	Fax Number	Email Address
What is the best time of contact? From <input type="checkbox"/> AM <input type="checkbox"/> PM	To <input type="checkbox"/> AM <input type="checkbox"/> PM	Preferred Method of Contact		
Best days of contact <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				

ADDITIONAL COMMENTS

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Reported By Name	Date Reported	Affiliation
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LOCATION CODES

	<i>Code</i>	<i>Description</i>		<i>Code</i>	<i>Description</i>
	<i>Code</i>	<i>Description</i>		<i>Code</i>	<i>Description</i>
	<i>Code</i>	<i>Description</i>		<i>Code</i>	<i>Description</i>

CATEGORY OF LOSS - CARGO INFORMATION

Is the Insured the Cargo Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Cargo Owner Name		Address			Telephone Number
Driver Name		Address			Telephone Number
Driver's License Number	Driver's License State	Driver's License Country	License Plate Number	License Plate State	
What is the best time to contact the Driver? From <input type="checkbox"/> AM <input type="checkbox"/> PM To <input type="checkbox"/> AM <input type="checkbox"/> PM					
Best days of contact <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday					

CATEGORY OF LOSS - HEAVY EQUIPMENT INFORMATION

Is there damage to a trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there damage to a tractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is cargo involved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Trailer make	Trailer year	Trailer model	Trailer VIN #	Current location of Trailer:		
Was the trailer towed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Towing Company Name		Telephone Number	
Do you have a repair estimate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimate of Damage (\$)	Estimate Received From		
Tractor make	Tractor year	Tractor model	Tractor VIN #	Current location of Tractor:		
Was the tractor towed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Towing Company Name		Telephone Number	
Do you have a repair estimate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimate of Damage (\$)	Estimate Received From		
Description of Cargo			Cargo Value (\$)	Location of Damaged Units/Goods		
Driver's Name		Driver's Address, City, State, Zip, County			Home Telephone Number	Cell Number
Have you notified your Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No			Agent Name		Telephone Number	

WITNESS INFORMATION

Witness Name	Witness Address, City, State, Zip, County	Telephone Number
Witness Name	Witness Address, City, State, Zip, County	Telephone Number

Reported By Name	Date Reported	Affiliation
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MARINE SPECIFIC INFORMATION									
Cargo Description				How is the cargo packaged?				Cargo Value	
Is a Tractor involved in the loss? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				Tractor body type			Tractor VIN #		
Tractor year	Tractor make		Tractor model		Tractor color		Tractor license plate #		License plate state
Is a Trailer involved in the loss? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				Trailer type			Trailer VIN #		
Trailer year	Trailer make		Trailer size	Trailer color		Trailer markings		Trailer license plate #	License plate state
Is a Container involved in the loss? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				Container size			Container number		
Is a Chassis involved in the loss? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				Chassis owner name			Chassis VIN #		
Chassis license plate #		License plate state							

Reported By Name		Date Reported	Affiliation
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PLEASE READ THE FOLLOWING AND SIGN THE REVERSE SIDE OF THIS FORM. THE FAILURE TO SIGN AND DATE THIS FORM MAY DELAY THE PROCESSING OF YOUR CLAIM.

Declarations and Authorizations

I declare that, to the best of my knowledge and belief, all of the information provided in support of this claim is complete, true and accurate. I understand that if I made or shall make any false or fraudulent statements, or withhold material facts whatsoever, the policy may be deemed void and could result in the forfeiture of my rights under the policy.

I understand the information related to my claim may be disclosed to and used by AIG and affiliated companies, hereinafter referred to as "the Companies," for the purpose of processing my claim for benefits. I authorize disclosure of any and all information covered by the insurance policy. I understand the information disclosed pursuant to this authorization may be used or disclosed to evaluate, process, or facilitate recovery of monies due to Companies to substantiate claims.

For residents of all states except those states noted below:

WARNING: Any person who knowingly and with the intent to injure, defraud, deceive any insurance company or other person, who files a statement of claim containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to criminal prosecution, civil penalties and forfeiture of insurance benefits.

For residents of WASHINGTON D.C., MAINE, TENNESSEE, VIRGINIA and WASHINGTON: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

For residents of ARKANSAS, KENTUCKY, LOUISIANA, NEW MEXICO, PENNSYLVANIA, RHODE ISLAND, TEXAS and WEST VIRGINIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under this title.

ARIZONA: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DELAWARE, IDAHO and OKLAHOMA: **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

INDIANA: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

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

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present,

the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances be present, it may be reduced to a minimum of two (2) years.

Date

Signed here (Claimant)

Date

Signed Here (Policyholder)