

FAIR PLAN PROPERTY LOSS NOTICE

EMAIL or FAX COMPLETED LOSS NOTICE TO:

Email: allianceclaims@kyfairplan.com

Fax: (314) 421-2575

Telephone: (502) 425-7903

PRODUCER

Name

Address

City, State, Zip

Phone

Today's Date (MM/DD/YY)

Policy Number

Policy Eff Date (MM/DD/YY)

Policy Exp Date (MM/DD/YY)

INSURED(s)

Name Phone Number

Address City, State, Zip

CONTACT PERSON

Name(s)

List ALL daytime phone numbers and best time to call

LOSS INFORMATION

DATE OF LOSS (MM/DD/YY) Time Of Loss AM/PM

Kind Of Loss (Fire, Wind, Hail, Explosion, Etc) Probable Amount Entire Loss

Address Of Loss (City, State, Zip)

Description Of Loss & Damage (If additional space is needed, use separate sheet)

Police or Fire Dept To Which Reported

POLICY INFORMATION

Mortgagee (If none, indicate so)

FIRES, ALLIED LINES & Multi-peril policies (Complete only those items involved in loss)

ITEM	AMOUNT	BUILDING	CONTENTS	OTHER	% COINS	DEDUCTIBLE	COVERAGE &/OR DESCRIPTION OF PROPERTY INSURED
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SUBJECT TO FORMS (insert form numbers, edition dates, and special deductibles)
 Deductible

MISCELLANEOUS INFORMATION: Other Insurance (List companies, policy numbers, coverages & policy amounts)

REPORTED BY REPORTED TO

REMARKS

Signature of Producer or Insured _____ Date

FOR OFFICE USE ONLY:

Adjuster Assigned

Date Assigned (MM/DD/YY)