

LOSS NOTICE REPORTING FORM

Loss Notice
C/o Seattle Specialty Insurance Services
FAX (425) 609-3597
VOICE (800) 597-1866

Date Reported: _____

LENDER NAME: _____

MAILING ADDRESS: _____

City: _____ **State:** _____ **Zip:** _____

Master Policy Number: _____ **Fax:** _____

Contact Name: _____ **Phone Number:** _____

BORROWER INFORMATION

Loan Number: _____ **Certificate Number:** _____

Borrower Name: _____ **Phone Number:** _____

Property Location: _____

PROPERTY TYPE:

Residential Occupied	[]	Residential Vacant	[]
Commercial Occupied	[]	Commercial Vacant	[]
Mobile Home Occupied	[]	Mobile Home Vacant	[]
REO Occupied (tenant)	[]	REO Vacant	[]

INSURANCE INFORMATION

Effective Date _____ Expiration Date: _____

Coverage Amount \$ _____

LOSS INFORMATION

DATE OF LOSS: _____ [] ACTUAL [] DISCOVERED
FIRE REPORT: YES [] NO [] VMM/THEFT POLICE REPORT: YES [] NO []

TYPE (CAUSE) OF LOSS: _____

DAMAGE OR SEVERITY: _____

Special Instructions: _____

REPORTED BY: [] Borrower [] Other: _____

Contact Person _____ Phone Number: _____

2nd Phone Number: _____ Fax Number: _____

Seattle Specialty Insurance Services

*****Please submit claim to Seattle Specialty directly via fax to 425-609-3597*****