

FULMONT MUTUAL INSURANCE COMPANY COMBINED LOSS NOTICE

PRODUCERS NAME & ADDRESS	DATE	POLICY NUMBER
	DATE AND TIME OF LOSS: _____, <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
PHONE NO.	POLICY EFF. DATE	POLICY EXP. DATE

INSURED

INSURED NAME AND ADDRESS	PERSON TO CONTACT
	CONTACTS DAYTIME PHONE NUMBER
INSURED'S HOME PHONE NO.	INSURED'S BUSINESS PHONE NO.

LOSS

LOCATION OF LOSS	
KIND OF LOSS (FIRE, WIND, EXPLOSION, ETC.)	PROBABLE AMOUNT OF ENTIRE LOSS
DESCRIPTION OF LOSS & DAMAGE:	

INJURED/PROPERTY DAMAGED

NAME & ADDRESS (INJURED/OWNER)			PHONE NO.	
DATE OF BIRTH	SEX	OCCUPATION/EMPLOYERS NAME & ADDRESS	PHONE NO.	
DESCRIBE WHAT INJURED WAS DOING/DESCRIBE INJURY			WHERE TAKEN?	
DESCRIBE PROPERTY DAMAGED		WHERE CAN PROPERTY BE SEEN?	ESTIMATE AMOUNT	

WITNESSES

NAME AND ADDRESS	HOME PHONE NO.	BUSINESS PHONE NO.

MISCELLANEOUS INFORMATION

WE ARE REQUIRED BY LAW TO ADVISE YOU THAT, "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"

REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED
-------------	-------------	----------------------------------

FULMONT MUTUAL INSURANCE COMPANY COMBINED LOSS NOTICE