



# PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY McFadden Insurance Services, Inc. P.O. Box 57100  Des Moines IA 50317		INSURED LOCATION CODE	DATE OF LOSS AND TIME	AM PM
CONTACT NAME: Susan K. McFadden PHONE (A/C, No, Ext): (515) 266-4570 FAX (A/C, No): (515) 266-4526 E-MAIL ADDRESS: CODE: SUBCODE:		PROPERTY / HOME POLICY		
AGENCY CUSTOMER ID:		CARRIER Aspen American Insurance Co. (AAIC)	NAIC CODE	
		POLICY NUMBER		
		FLOOD POLICY		
		CARRIER	NAIC CODE	
		POLICY NUMBER		
		WIND POLICY		
		CARRIER	NAIC CODE	
		POLICY NUMBER		

INSURED			INSURED'S MAILING ADDRESS		
NAME OF INSURED (First, Middle, Last)					
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS			
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		PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		
NAME OF SPOUSE (First, Middle, Last) (if applicable)			SPOUSE'S MAILING ADDRESS (if applicable)		
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS			
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		PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		

CONTACT		CONTACT INSURED	CONTACT'S MAILING ADDRESS	
NAME OF CONTACT (First, Middle, Last)				
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			
WHEN TO CONTACT			PRIMARY E-MAIL ADDRESS:	
			SECONDARY E-MAIL ADDRESS:	

LOSS		POLICE OR FIRE DEPARTMENT CONTACTED	
LOCATION OF LOSS		N/A	
STREET:		REPORT NUMBER	
CITY, STATE, ZIP:		N/A	
COUNTRY:			

DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:			
KIND OF LOSS	<input type="checkbox"/> FIRE <input type="checkbox"/> LIGHTNING <input type="checkbox"/> FLOOD <input checked="" type="checkbox"/> Practice Interruption	PROBABLE AMOUNT ENTIRE LOSS	
	<input type="checkbox"/> THEFT <input type="checkbox"/> HAIL <input type="checkbox"/> WIND	Unknown	

DESCRIPTION OF LOSS & DAMAGE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Practice Interruption as a result of the Covid-19 Pandemic.

REPORTED BY	REPORTED TO McFadden Insurance Services, Inc.
-------------	--