ACORD [®]	OSS NOTICE DATE (MM/DD/YYY					YYY)			
AGENCY		INSURED LOCATION CODE DATE OF		DATE OF L	LOSS AND TIME AN		АМ		
McFadden Insurance Services, Inc.								РМ	
P.O. Box 57100			PROPERTY / HOME POLICY						
8. 44			CARRIER NAIC CODE						
Des Moines IA 50317			Aspen American Insurance Co. (AAIC)						
CONTACT Susan K. McFadden			POLICY NUMBER						
PHONE (A/C, No, Ext): (515) 266-4570									
FAX (A/C, No): (515) 266-4526			FLOOD POLICY						
E-MAIL ADDRESS:		CARRIER				NAIC C	ODE		
CODE: SUBCODE:									
AGENCY CUSTOMER ID:			POLICY NUMBER						
			WIND POLICY						
			CARRIER				NAIC CO	ODE	
			POLICY NUMBER						
INSURED									
NAME OF INSURED (First, Middle, Last)			INSURED'S MAILING A	ADDRESS					
DATE OF BIRTH FEIN (if ap	plicable) MARITA	AL STATUS							
PRIMARY HOME BUS CELL	SECONDARY HOME B	US CELL	DDIMARY E MAIL ARR			_			
PHONE #	PHONE #	00 [] 0222	PRIMARY E-MAIL ADD						
NAME OF SPOUSE (First, Middle, Last) (if applicable)			SECONDARY E-MAIL ADDRESS: SPOUSE'S MAILING ADDRESS (if applicable)						
Consideration Control				zzwego (ii applicable)					
DATE OF BIRTH FEIN (if applicable) MARITAL STATUS			1						
PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL		US CELL	DDIMADY E MAIL ADD	IDECC.					
PHONE# - SOUTH			PRIMARY E-MAIL ADD	SECONDARY E-MAIL ADDRESS:					
CONTACT CONTACT INSURED			SECONDART E-MAIL	ADDRESS:					
NAME OF CONTACT (First, Middle, Last)			CONTACT'S MAILING	ADDRESS					
PRIMARY HOME BUS CELL SECONDARY HOME BUS CEL		US CELL	-						
FRONE# 2									
WHEN TO CONTACT			PRIMARY E-MAIL ADDRESS:						
			SECONDARY E-MAIL ADDRESS:						
LOSS			SECONDART E-MAIL	ADDRESS:					
LOCATION OF LOSS				POLICE OR FIRE DEPAR	TMENT CONTACTED)			
STREET:				N/A					
CITY, STATE, ZIP:				REPORT NUMBER					
COUNTRY:				N/A					
DESCRIBE LOCATION OF LOSS IF NOT AT SPEC	FIFIC STREET ADDRESS:			Charlottes					
KIND OF FIRE LIGHTNING	FLOOD V Practice	Interruption			PROBABLE AMOUN	T ENTIRE LO	SS		
LOSS THEFT HAIL	WIND				Unknown				
DESCRIPTION OF LOSS & DAMAGE (ACORD 10		may be attached	if more space is require	d)					
Practice Interruption as a result of the C				•					
REPORTED BY			REPORTED TO						
Section and the second			Various states and the same and	co Convisco I					
			McFadden Insuran	de del vides, inc.					