

# MANUFACTURED HOME LOSS NOTICE

PRODUCER, ADDRESS & PHONE NO.   _____ CODE <b>8450</b> _____ CODE <b>9850</b> _____ SUB CODE		CLAIM NO.	
		COMPANY <b>Aegis Security Insurance Company</b>	
		PREVIOUSLY REPORTED Yes <input type="checkbox"/> No <input type="checkbox"/>	
FULL POLICY NUMBER	POLICY DATES to	RESIDENCE PHONE	
FULL NAME(S) AS APPEARS ON POLICY		BUSINESS PHONE	
PROPERTY ADDRESS (including zip code)			
MAIL ADDRESS IF DIFFERENT (including zip code)			
WHERE CAN INSURED BE CONTACTED?		WHEN?	
DATE & TIME OF LOSS <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	LOSS LOCATION (if different from property address)	POLICE TO WHOM REPORTED (Theft)	
KIND OF LOSS (fire, wind, explosion, etc.)	PROBABLE AMT. ENTIRE LOSS \$	PROBABLE AMT. THIS POLICY \$	CAT. #
DESCRIPTION OF LOSS & DAMAGE (use reverse if necessary)			
MORTGAGEE - If none, so indicate.			
DESCRIPTION OF MOBILE HOME INSURED			
DWELLING	APPURTENANT PRIVATE STRUCTURES	UNSCHEDULED PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES
			DESCRIBE ADDITIONAL COVERAGES PROVIDED
\$	\$	\$	\$ ON
			\$ ON
			\$ ON
SUBJECT TO FORM NUMBERS – Insert form numbers and edition dates			
DEDUCTIBLE WINDSTORM & HAIL \$	DEDUCTIBLE OTHER PERILS \$	DEDUCTIBLES MISCELLANEOUS – Explain \$	
OTHER INSURANCE – List names of companies, policy numbers & amounts			
REMARKS – If emergency handling required or if subrogation possibilities, explain:			
			ADJUSTOR ASSIGNED
DATE	REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED