

LOSS NOTICE REPORTING FORM

SNAP FORM Loss Notice
c/o Seattle Specialty Insurance Services
FAX (866) 814-4759
VOICE (800) 962-6888

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

TYPE OF LOSS: _____

DAMAGE OR SEVERITY: _____

Special Instructions: _____

REPORTED BY: [X] Borrower [] Other: _____

Contact Person _____ **Phone Number:** _____

2nd Phone Number: _____ **Fax Number:** _____