

JPA - PROPERTY LOSS NOTICE (REAL & PERSONAL)

| DISTRICT | | CONTACT | | |
|------------------------------|--|------------------------------|--|---------------------|
| NAME AND ADDRESS | | | | WHERE TO CONTACT |
| | | | | WHEN TO CONTACT |
| | | | | DATE & TIME OF LOSS |
| BUSINESS PHONE(A/C, No, Ext) | | BUSINESS PHONE(A/C, No, Ext) | | |

| LOSS LOCATION OF LOSS | |
|-------------------------------|--|
| | OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> RENTED <input type="checkbox"/> LENGTH OF LEASE/RENTAL YRS MOS |
| AUTHORITY CONTACTED, REPORT # | |

| KIND OF LOSS | | | | | | PROBABLE AMOUNT ENTIRE LOSS |
|--------------|--|-----------|--|-----------------|--|-----------------------------|
| FIRE | | LIGHTNING | | FLOOD | | |
| THEFT | | HAIL | | WIND | | |
| | | | | OTHER (explain) | | |
| | | | | VAND | | |

DESCRIPTION OF LOSS & DAMAGE (Use reverse side, if necessary)

| OTHER INSURANCE | | | |
|------------------------------|-------------------------------------|--------------------------|----------------------------|
| YES <input type="checkbox"/> | Homeowners <input type="checkbox"/> | INSURED/NAME AND ADDRESS | INSURANCE CARRIER/POLICY # |
| | Renters <input type="checkbox"/> | | |
| NO <input type="checkbox"/> | Other <input type="checkbox"/> | | |

REMARKS

| | | |
|-------------|-------------|--------------------------------------|
| REPORTED BY | REPORTED TO | SIGNATURE OF DISTRICT REPRESENTATIVE |
| | | |

For your protection, California law requires the following to appear on this form:
 Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
 California Insurance Frauds Prevention Act 1871.2