**Section 2303.EXHIBIT A Property Insurance Loss Register**

ILLINOIS DEPARTMENTAL REGULATIONS

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| --- |
| COMPLETE WITH AS MUCH FACTUAL INFORMATION AS POSSIBLE AND MAIL IMMEDIATELY AFTER FIRST INSPECTION |

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| --- | --- | --- |
| **PROPERTY INSURANCE**  **LOSS REGISTER**  INSURED (If a business then enter full name of business) | 1. Please type or print.  2. Use as many forms as necessary.  3. When more than one form is required then number the pages and staple together.  4. You MUST keep a copy for your files. | **PAGE**  **NUMBER** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| name (last, first, middle initial) | | | | | | | | | | | | | | | | | maiden/also known as | | | | | | | | | | | | | | | | age | | | | | sex | 1 |
| spouse (last, first, middle initial) | | | | | | | | | | | | | | | | | maiden/also known as | | | | | | | | | | | | | | | | age | | | | | sex | 2 |
| **current**  **address** | | | street | | | | | | | | | apt # | | | | | city | | | | | | | | | | | | | state | | | | | | zip | | | 3 |
| **previous**  **address** | | | street | | | | | | | | | apt # | | | | | city | | | | | | | | | | | | | state | | | | | | zip | | | 4 |
| **LOCATION OF LOSS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| street (print "same" if insured's current address) | | | | | | | | | | | | | | | | | | | | | | | | | apt # | | | | date  of loss | | | mo. dy. yr. | | | | | | | 5 |
| city | | | | | | | | | | | | state | | | | | | | | | | | | | zip | | | | time of loss | | | | | | | am | | | 6 |
|  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |  | | | | | | | pm | | |  |
| **INSURED BY** (Repeat ONLY those items involved and omit cents) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| company | | | | | | | | | | | | | | | | | policy no. | | | | | | | claim no. | | | | | | | | | | | | | | | 7 |
| **amount of policy** | | | | | | | | | | | building | | | | | | contents | | | | | stock | | use & occupancy | | | | | | | other | | | | | | | | 8 |
| **total insurance (if more than one policy)** | | | | | | | | | | |  | | | | | |  | | | | |  | |  | | | | | | |  | | | | | | | | 9 |
| **replacement cost value** | | | | | | | | | | |  | | | | | |  | | | | |  | |  | | | | | | |  | | | | | | | | 10 |
| **actual cash value** | | | | | | | | | | |  | | | | | |  | | | | |  | |  | | | | | | |  | | | | | | | | 11 |
| **estimated loss** | | | | | | | | | | |  | | | | | |  | | | | |  | |  | | | | | | |  | | | | | | | | 12 |
| **LOSS INFORMATION** (Check applicable boxes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **known cause of loss** | | | | | | | | | | | | | | | | | | | | | | **was fire dept. report reviewed?** | | | | | | | | | | | | | |  | | | 13 |
| type of  property | | dwelling | | |  | multi-dwelling | |  | | commercial | | | | | |  | | | industrial | |  | | other (specify) | | | | | | | | | | | | | | | | 14 |
| check box if vacant | | | | |  | check box if under construction | | | | | | | |  | | | | insured's fire losses in last five years: # | | | | | | | | |  | type of business  (see codes) | | | | | | | | |  | | 15 |
|  | **OTHER PARTIES TO THE LOSS** (If a business, then enter full name of business) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Enter applicable code 1–Partner, 2–Agent, 3–Attorney, 4–Corporate Officer, 5–Second Mortgages, 6–Public Adjuster, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ▼ | 7–Contractor, 8–Tenant, 9–Occupant, 10–first Mortgages, 11–Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | name (last, first, middle initial) | | | | | | | | | | | | | | | | | | | also known as | | | | | | | | | | | | | | | | | | | 16 |
|  | street | | | | | | | | | | | | | | apt. # | | | | | city | | | | | | state | | | | | zip | | | | | | | | 17 |
|  | name (last, first, middle initial | | | | | | | | | | | | | | | | | | | also known as | | | | | | | | | | | | | | | | | | | 18 |
|  | street | | | | | | | | | | | | | | apt. # | | | | | city | | | | | | state | | | | | zip | | | | | | | | 19 |
|  | name (last, first, middle initial) | | | | | | | | | | | | | | | | | | | also known as | | | | | | | | | | | | | | | | | | | 20 |
|  | street | | | | | | | | | | | | | | apt. # | | | | | city | | | | | | state | | | | | zip | | | | | | | | 21 |
|  | name (last, first, middle initial) | | | | | | | | | | | | | | | | | | | also known as | | | | | | | | | | | | | | | | | | | 22 |
|  | street | | | | | | | | | | | | | | apt. # | | | | | city | | | | | | state | | | | | zip | | | | | | | | 23 |
| **ADJUSTER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| name of staff adjusters company or adjusting firm | | | | | | | | | | | | | | | | | | | | I certify that I provided the above information and to the best of my knowledge, information and belief, all of such information is accurate. | | | | | | | | | | | | | | | | | | | |
| street | | | | | | | | | | | | | | | | | | | | adjuster's signature | | | | | | | | | | | | | | date of this report | | | | | |
| city | | | | | | | | | state | | | | zip | | | | | | |  | | | | | | | | | | | | | | | mo. dy. yr. | | | | |
| area  code | | | | telephone number | | | name of adjuster | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Mail Forms to: P.I.L.R–-700 New Brunswick Avenue  Rathway, New Jersey 07065 Tel. (201)388-5700 | | | | | | | | | | | | | | | | | | | | check here if this is a supplement  (see instructions) | | | | | | | | | | | | | | | | | | | |