**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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 # | dateof 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 AvenueRathway, New Jersey 07065 Tel. (201)388-5700 | check here if this is a supplement [ ] (see instructions) |