CONFIRMATION OF NOTICE OF LOSS
Date This Notice Sent: ____/____/_____

Sent To:

_____
Name

_____
_____
_____
Physical or Electronic Address

Deliver Method:
[ ] Email
[ ] Fax to (____) _____
[ ] Regular US Mail
[ ] Certified Mail No: _____
[ ] Overnight Delivery No: _____

Sent To:

_____
Name

_____
_____
_____
Physical or Electronic Address

Deliver Method:
[ ] Email
[ ] Fax to (____) _____
[ ] Regular US Mail
[ ] Certified Mail No: _____
[ ] Overnight Delivery No: _____

Claim Information:

Insurer: _____

Policy No: _____

Claim No: _____

Date of Loss: ____/____/_____

Cause of Loss:
[ ] Wind [ ] Hail [ ] Flood
[ ] Fire [ ] Theft [ ] Lightening
[ ] Other: _____

Insurer Notified On: ____/____/____

Insured Notified By:
[ ] Phone [ ] Email
[ ] Online Claim Center [ ] Other

Property Information ("Property")

Address:
_____
_____

City: _____

State: _____

Zip: _____

Insured Party:

_____
_____

BOLDED items refer to the information as above-identified or below-identified. This **Confirmation of Notice of Loss** is delivered to you through the **DELIVERY METHOD** on the **DATE THIS NOTICE SENT** and serves as both Notice of the Loss identified as the **CLAIM INFORMATION** and Confirmation that Notice of Loss was already provided to you on the date identified as **INSURER NOTICED ON** and through the method of **INSURER NOTIFED BY**. The details in this document, and all details provided to you thus far through any communication channels, are based on the best current information and are subject to change as more becomes known.

NOTICE OF INSURER'S DUTIES UNDER STATE LAW

This is formal notice that the INSURER has legal duties after receiving any notice of loss pursuant to the insurance policy terms and State Law, which include the duty to investigate the loss, to adjust the loss, to act in good faith, and to meet legal deadlines. The Insured reiterates these duties to you and avails itself/herself/himself of all such rights it has under law or policy. In the event any duties or legal timelines are violated, the Insured will seek available remedies.

Signed on the above-provided **Date This Notice Sent:**	**INSURED** _____ Insured Name: _____ _____ Insured Name: _____