

ACORD **PROPERTY LOSS NOTICE** DATE (MM/DD/YY)
JAN 25 05

PRODUCER TRIREME INSURANCE SERVICES 2640 E. GARVEY AVE., SOUTH, #207 WEST COVINA CA 91791 FAX: 626-653-0707 E-MAIL: www.forbusinessinsurance.com Agency Lic#: 0C36883	PHONE (A/C, No, Ext): 626-653-0708	MISCELLANEOUS INFO (Site & location code)	DATE OF LOSS AND TIME	AM PM	PREVIOUSLY REPORTED YES NO
CODE: SUB CODE:		POLICY TYPE: COMPANY AND POLICY NUMBER: NAIC CODE: POLICY DATES:	EFF: JAN 10 05 EXP: JAN 10 06		
AGENCY CUSTOMER ID 1987		FLOOD CO: POL: EFF: EXP:	WIND CO: POL: EFF: EXP:		

INSURED		CONTACT	
NAME AND ADDRESS FUTURE COMMODITIES INTERNATIONAL INC DBA: BEST PACK 10676 Fulton CT Rch Cucamonga CA 91730-		NAME AND ADDRESS CONTACT INSURED	
RESIDENCE PHONE (A/C, NO.) -		BUSINESS PHONE (A/C, NO,Ext) 909-987-4258 ext 888	
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)		DATE OF BIRTH	
DATE OF BIRTH		RESIDENCE PHONE (A/C, NO.)	
SOC SEC #:		BUSINESS PHONE (A/C, NO,Ext)	
WHERE TO CONTACT		WHEN TO CONTACT	

LOSS

LOCATION OF LOSS				POLICE OR FIRE DEPT. TO WHICH REPORTED			
KIND OF LOSS	<input type="checkbox"/> FIRE <input type="checkbox"/> THEFT	<input type="checkbox"/> LIGHTNING <input type="checkbox"/> HAIL	<input type="checkbox"/> FLOOD <input type="checkbox"/> WIND	<input type="checkbox"/> OTHER (explain)	PROBABLE AMOUNT ENTIRE LOSS		
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)							

POLICY INFORMATION

MORTGAGEE
 NO MORTGAGEE

HOMEOWNER POLICIES SECTION 1 ONLY (Complete for coverages A,B,C,D & additional coverages. For Homeowners Section II Liability Losses, use ACORD 3.)

A. DWELLING	B. OTHER STRUCTURES	C. PERSONALPROPERTY	D. LOSS OF USE	DEDUCTIBLES	DESCRIBE ADDITIONAL COVERAGES PROVIDED
					ON

COVERAGE A. EXCLUDES WIND
 SUBJECT TO FORMS. (Insert form numbers and edition dates, special deductibles)

FIRES, ALLIED LINES & MULTI-PERIL POLICIES (Complete only those items involved in loss)

ITEM	SUBJECT OF INSURANCE	AMOUNT	%COINS	DEDUCTIBLE	COVERAGES AND/OR DESCRIPTION OF PROPERTY
	BLDG <input type="checkbox"/> CNTS				
	BLDG <input type="checkbox"/> CNTS				
	BLDG <input type="checkbox"/> CNTS				

SUBJECT TO FORMS. (Insert form nos. & edition dates, special deductibles)

FLOOD POLICY	BUILDING:	DEDUCTIBLE:	ZONE	<input type="checkbox"/> PRE FIRM <input type="checkbox"/> POST FIRM	DIFF IN ELEV	FORM TYPE	<input type="checkbox"/> GENERAL <input type="checkbox"/> DWELLING	<input type="checkbox"/> CONDO
	CONTENTS:	DEDUCTIBLE:		GENERAL DWELLING	CONDO			
WIND POLICY	BUILDING	DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE	GENERAL DWELLING	CONDO	

REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)/NY ONLY: PREVIOUS ADDRESS OF INSURED & WIFE'S MAIDEN NAME

CAT #	FICO #	ADJUSTER ASSIGNED	ADJUSTER #	DATE ASSIGNED
REPORTED BY		REPORTED TO	SIGNATURE OF PRODUCER OR INSURED	
SIGNATURE OF INSURED			SIGNATURE OF PRODUCER OR INSURED	