

NOTICE OF LOSS

Britz/Baird Crop Insurance Agency

DATE

AGENCY

AGENCY CODE

(to be completed by Agent)

1. INSURED: _____ POLICY NUMBER: _____
2. CROP: _____ CROP YEAR: _____ COUNTY: _____
3. CONTACT PERSON: _____ CELL / HOME PHONE: _____
OFFICE PHONE: _____
4. EMAIL: _____ BEST TIME TO CALL: _____
5. CAUSE OF DAMAGE: _____ DATE OF DAMAGE: _____
6. NOTICE DATE: _____
7. INSURED'S INTENTION? _____

UNIT(S) REPORTING DAMAGE

UNIT # : _____	ACRES: _____	LOCATION / CROSSROADS: _____
UNIT # : _____	ACRES: _____	LOCATION / CROSSROADS: _____
UNIT # : _____	ACRES: _____	LOCATION / CROSSROADS: _____
UNIT # : _____	ACRES: _____	LOCATION / CROSSROADS: _____
UNIT # : _____	ACRES: _____	LOCATION / CROSSROADS: _____
UNIT # : _____	ACRES: _____	LOCATION / CROSSROADS: _____

8. DO ANY UNIT(S) NEED IMMEDIATE INSPECTION? _____ UNIT(S): _____
REASON IMMEDIATE INSPECTION IS NEEDED: _____

9. SPECIAL INFORMATION FOR ADJUSTER: _____

NOTICE OF DAMAGE REPORTED BY: _____ TIME: _____

BRITZ / BAIRD CROP INSURANCE AGENCY

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License #0350049