

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 1 (2011/07)	Property Loss Notice	The title of the form. ACORD 1, Property Loss Notice, is used for reporting commercial and personal lines property losses including Homeowners, Dwelling Fire, Inland Marine, Commercial Property, Flood, Wind and others.
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone (A/C, No, Ext)	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	FAX	Enter number: The fax number of the producer/agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person e-mail address.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).

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IDENTIFICATION SECTION	Insured Location Code	Enter code: The code the policyholder defines that is used to allocate loss experience to cost centers. For example, if a grocery store chain is insured and the entire chain was under one policy, the grocery store chain might choose to allocate the losses for each store. To do this they would provide a store number or store code (something the insured defines) when they report a claim. The insured would include that store number in the "Insured Location Code" field so that the carrier can record the code in their claim system and then the right store is assessed the loss experience.
IDENTIFICATION SECTION	Date of Loss	Enter date: The date that the loss occurred.
IDENTIFICATION SECTION	Time of Loss	Enter time: The approximate time that the loss occurred.
IDENTIFICATION SECTION	AM	Check the box (if applicable): Indicates the loss occurred in the morning.
IDENTIFICATION SECTION	PM	Check the box (if applicable): Indicates the loss occurred in the afternoon or evening.
IDENTIFICATION SECTION	Property/Home Company	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Flood Company	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Wind Company	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.

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IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
INSURED	Name of Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
INSURED	Date of Birth	Enter date: The date of birth of the insured.
INSURED	FEIN (if applicable)	Enter identifier: The tax identifier of the named insured. As used here, this is the Federal Employer's Identification Number, if applicable.
INSURED	Marital Status	Enter code: The insured's marital status. The applicable codes are: <ul style="list-style-type: none"> * S Single * M Married * D Divorced * P Separated * W Widowed * C Domestic Partner (unmarried) * V Civil Union * U Unknown * O Other
INSURED	Primary Phone Number	Enter number: The named insured's primary phone number.
INSURED	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
INSURED	Business	Check the box (if applicable): Indicates the primary phone number is for a business phone.
INSURED	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
INSURED	Secondary Phone	Enter number: The named insured's secondary phone number.
INSURED	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
INSURED	Business	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
INSURED	Cell	Check the box (if applicable): Indicates the phone number is for a cell phone.
INSURED	Insured's Mailing Address	Enter text: The named insured's mailing address line one.
INSURED		Enter text: The named insured's mailing address line two.

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INSURED		Enter text: The named insured's mailing address city name.
INSURED		Enter code: The named insured's mailing address state or province code.
INSURED		Enter code: The named insured's mailing address postal code.
INSURED	Primary E-Mail Address	Enter text: The named insured's primary e-mail address.
INSURED	Secondary E-Mail Address	Enter text: The named insured's secondary e-mail address.
INSURED	Name of Spouse	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
INSURED	Date of Birth	Enter date: The date of birth of the insured.
INSURED	FEIN (if applicable)	Enter identifier: The tax identifier of the named insured. As used here, this is the Federal Employer's Identification Number, if applicable.
		Enter code: The insured's marital status. The applicable codes are: <ul style="list-style-type: none"> * S Single * M Married * D Divorced * P Separated * W Widowed * C Domestic Partner (unmarried) * V Civil Union * U Unknown * O Other
INSURED	Marital Status	
INSURED	Primary Phone Number	Enter number: The named insured's primary phone number.
INSURED	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
INSURED	Business	Check the box (if applicable): Indicates the primary phone number is for a business phone.
INSURED	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
INSURED	Secondary Phone	Enter number: The named insured's secondary phone number.
INSURED	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
INSURED	Business	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
INSURED	Cell	Check the box (if applicable): Indicates the phone number is for a cell phone.
INSURED	Spouse's Mailing Address	Enter text: The named insured's mailing address line one.
INSURED		Enter text: The named insured's mailing address line two.

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INSURED		Enter text: The named insured's mailing address city name.
INSURED		Enter code: The named insured's mailing address state or province code.
INSURED		Enter code: The named insured's mailing address postal code.
INSURED	Primary E-Mail Address	Enter text: The named insured's primary e-mail address.
INSURED	Secondary E-Mail Address	Enter text: The named insured's secondary e-mail address.
CONTACT	Contact Insured	Check the box (if applicable): Indicates If the individual to contact is the same as the insured, check this box and leave blank the areas for contact name, address and phone numbers.
CONTACT	Name of Contact	Enter text: The full name (First, Middle, Last) of the individual to be contacted as a representative of the insured on all subsequent business relating to this incident. No entry is needed if the 'Contact Insured' option is checked.
CONTACT	Primary Phone Number	Enter number: The loss contact's primary telephone number including area code.
CONTACT	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the primary phone number is for a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
CONTACT	Secondary Phone	Enter number: The loss contact's secondary telephone number including area code.
CONTACT	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
CONTACT	When to Contact	Enter text: The best time of the day to contact this individual (e.g., evenings, days, noon to 3:00 P.M.).
CONTACT	Contact's Mailing Address	Enter text: The loss contact's first address line.
CONTACT		Enter text: The loss contact's second address line.
CONTACT		Enter text: The loss contact's city.
CONTACT		Enter code: The loss contact's state.
CONTACT		Enter code: The loss contact's postal code.
CONTACT	Primary E-Mail Address	Enter text: The loss contact's primary e-mail address.
CONTACT	Secondary E-Mail Address	Enter text: The loss contact's secondary e-mail address.
LOSS	Location of Loss Street	Enter text: The loss location's physical street address.

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LOSS	Location of Loss City, State, Zip	Enter text: The loss location's city.
LOSS		Enter code: The loss location's state or province code.
LOSS		Enter code: The loss location's postal code.
LOSS	Location of Loss Country	Enter code: The loss location's country code.
LOSS	Describe Location of Loss if not at Specific Street Address	Enter text: The description of the location of loss if not at a specific street address.
LOSS	Police or Fire Department Contacted	Enter text: The name of the municipal, county or other police department, fire department or other authority to which the accident was reported, including any precinct or station number, if available.
LOSS	Report Number	Enter identifier: The report number assigned by the authority contacted. For example, the number of the vehicle incident report filed by the police after an automobile accident.
LOSS	Kind of Loss	Check the box (if applicable): Indicates the loss was due to fire.
LOSS	Kind of Loss	Check the box (if applicable): Indicates the loss was due to theft.
LOSS	Kind of Loss	Check the box (if applicable): Indicates the loss was due to lightning.
LOSS	Kind of Loss	Check the box (if applicable): Indicates the loss was due to hail.
LOSS	Kind of Loss	Check the box (if applicable): Indicates the loss was due to flooding.
LOSS	Kind of Loss	Check the box (if applicable): Indicates the loss was due to wind.
LOSS	Kind of Loss	Check the box (if applicable): Indicates the loss was due to other than those types listed.
LOSS	Kind of Loss	Enter text: The description of the cause of the loss.
LOSS	Probable Amount Entire Loss	Enter amount: The estimated dollar amount which may be paid on all claims arising from this incident. If no dollar estimate is available, provide a description such as "small" or "substantial".
LOSS	Description of Loss & Damage	Enter text: The description of the cause of the loss and resulting damage, including the areas of buildings which were damaged. Note: If the loss resulted in bodily injury to individuals or damage to the property of others, indicate in the Remarks Section and complete the appropriate additional claim form.
LOSS	Reported By	Enter text: The name of the individual that reported the loss.
LOSS	Reported To	Enter text: The name of the individual within the agency or company to whom this loss was reported.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).

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REMARKS		Enter text: The property loss notice general remarks. Describe any other additional information that will assist in properly reporting and settling this claim. Include the adjuster's name if known. Attach ACORD 101, Additional Remarks Schedule, if more space is required.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).