



PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)
02/22/2022

AGENCY Johnson & Rohan Insurance Agency, Inc. 50 Salem St. Lynnfield, MA 01940	INSURED LOCATION CODE unknown	DATE OF LOSS AND TIME 02/22/2022	AM PM
	PROPERTY / HOME POLICY		
CONTACT NAME: PHONE (A/C. No. Ext): (781) 224-0909 FAX (A/C. No.): (781) 224-0546 E-MAIL ADDRESS: info@johnsonandrohan.com CODE: 20339 SUBCODE:	CARRIER Vermont Mutual	NAIC CODE 26018	
	POLICY NUMBER HO12405030	LINE OF BUSINESS	
AGENCY CUSTOMER ID: 642	FLOOD POLICY		
	CARRIER	NAIC CODE	
	WIND POLICY		
	CARRIER	NAIC CODE	
	POLICY NUMBER		

INSURED

NAME OF INSURED (First, Middle, Last) Michael DiCorato			INSURED'S MAILING ADDRESS 2 Pebble Place Stoneham, MA 02180		
DATE OF BIRTH 7/29/1943	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable)			
PRIMARY PHONE # (781) 246-5611	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		
NAME OF SPOUSE (First, Middle, Last) (if applicable)			SPOUSE'S MAILING ADDRESS (if applicable)		
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable)			
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		

CONTACT

CONTACT INSURED					
NAME OF CONTACT (First, Middle, Last)			CONTACT'S MAILING ADDRESS		
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL			
WHEN TO CONTACT			PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		

LOSS

LOCATION OF LOSS STREET: unknown		POLICE OR FIRE DEPARTMENT CONTACTED			
CITY, STATE, ZIP:		REPORT NUMBER			
COUNTRY:					
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:					
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 checked="" type="checkbox"/> disappearance	PROBABLE AMOUNT ENTIRE LOSS
DESCRIPTION OF LOSS & DAMAGE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mrs. Elain DiCorato passed away about 9 months ago. Since then, Mr. DiCorato has been unable to find her scheduled ring (\$23,400): Ladies 18K White Gold Engagement Ring Contains One Pear Shaped Dia 2.48cts I Color Si2 Clarity					
REPORTED BY son, Michael DiCorato Jr.			REPORTED TO Kevin J		