

Stallings Crop Insurance Corp

Notice of Loss

Date: _____ Crop Year: _____
Entity: _____ Policy #: _____
Phone: _____ County: _____
Contact Person: _____ Phone: _____

Crop: _____ Crop: _____
Unit/FSN: _____ Unit/FSN: _____
Cause of Loss: _____ Cause of Loss: _____
Date of Damage: _____ Date of Damage: _____

- | | |
|---|---|
| <input type="checkbox"/> Notice of Damage/Possible loss | <input type="checkbox"/> Notice of Damage/Possible Loss |
| <input type="checkbox"/> Notice of Loss | <input type="checkbox"/> Notice of Loss |
| <input type="checkbox"/> Replant Required | <input type="checkbox"/> Replant Required |
| <input type="checkbox"/> Need Adjuster ASAP | <input type="checkbox"/> Need Adjuster ASAP |
| <input type="checkbox"/> Harvest Discontinued | <input type="checkbox"/> Harvest Discontinued |
| <input type="checkbox"/> Harvest Complete | <input type="checkbox"/> Harvest Complete |

Remarks: _____

***Insured's Signature**

***Please Mail after faxed**
Stallings Crop Insurance Corp.
P.O. Box 6100
Lakeland, FL 33807
Lakeland Fax: (863)644-3478
Phone: (863)647-2747
Toll Free: (800)721-7099