

SWORN STATEMENT IN PROOF OF LOSS

Policy Amount at Time of Loss

Policy Number

Issued Date

Agency At

Date Expires

Agent

To the _____
of _____

At time of loss, by the above indicated policy of insurance you insured _____
against loss by _____ to the property described under Schedule "A," according to the
terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: A _____ loss occurred on the _____ day of _____. The
cause and origin of the said loss were: _____.

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as
follows, and for no other purpose whatever: _____.

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was
_____. No other person or persons had
any interest therein or encumbrance thereon, except: _____.

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use,
occupancy, possession, location or exposure of the property described, except: _____.

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the
loss, \$_____, as more particularly specified in Schedule "B" besides which there was no policy or other contract of
insurance, written or oral, valid or invalid.

6. The Actual Cash Value of said property at the time of the loss was \$ _____

7. The Whole Loss and Damage as set forth in Schedule "C" is \$ _____

8. Less Amount of Deductible \$ _____

9. The Amount Claimed under the above numbered policy is \$ _____

*The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing
has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or
rendered it void; no articles are mentioned herein or in annexed schedules but such as ere destroyed or damaged at the
time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as
to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished
and considered part of this proof.*

*It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the
purpose of defrauding the company. Penalties include imprisonment, fines, and denial of benefits.*

State of _____ Insured

County of _____ Insured

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public My Commission Expires: _____