

# MASTER PROOF OF LOSS

TO THE VARIOUS COMPANIES UNDER THEIR RESPECTIVE POLICIES AS INDICATED IN THE ANNEXED SCHEDULE OF INSURANCE AND APPORTIONMENT OF CLAIM WHICH IS MADE A PART HEREOF

At time of loss, by the annexed indicated policies of insurance you insured \_\_\_\_\_ against loss by \_\_\_\_\_ to the property described under Schedule annexed according to the terms and conditions of the said policies and all forms, endorsements, transfers, and assignments attached thereto.

**1. Time and Origin:** A \_\_\_\_\_ loss occurred about the hour of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. The cause and origin of the said loss was \_\_\_\_\_

**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 whatsoever: \_\_\_\_\_

**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 policies were issued, there have been no assignments 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 the involved policies was, at the time of loss, \$ \_\_\_\_\_ as more particularly specified in the apportionment attached, 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** was .....\$ \_\_\_\_\_

**8. The Amount Claimed** under this Master Proof of Loss.....\$ \_\_\_\_\_

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 privities or consent of your insured or this affiant, to violate the conditions of the policies of insurance or render them void; no articles are mentioned herein or in annexed schedules but such as were 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 companies, 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 a part of this proof.

The furnishing of this blank or the preparation of this Master Proof of Loss by a representative of the annexed mentioned insurance companies is not a waiver of any of their rights.

**WITNESS:**

\_\_\_\_\_  
Witness  
\_\_\_\_\_  
Date

**SIGNATURE(S):**

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

**NOTARY:** State of \_\_\_\_\_; County of \_\_\_\_\_; SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_ who is known to be the person(s) named herein and who voluntarily executed this release \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date Commission Expires