

INLAND MARINE PROOF OF LOSS

POLICY NUMBER

CLAIM NUMBER

POLICY PERIOD

AGENCY

To _____ company of _____

By your Policy of Insurance above described, you insured _____

(hereinafter called assured) according to the terms and conditions contained therein, including the written portion thereof and all endorsements, transfers, and assignments attached thereto.

AGAINST THE PERILS OF _____

A _____ loss occurred on the ____ day of _____, 20____ about the hour of _____ .M. which loss upon the best knowledge and belief of Assured was caused by _____

When your policy was issued or if assigned with your consent, when such assignment was made and consented to, Assured was the sole, absolute, and unconditional owner of the property described and no other person or persons had any interest therein either as a mortgage or otherwise, no encumbrance of said property existed nor has since been made nor has there been any change in the title, use, or possession of said property except _____

SPECIAL WARRANTIES _____

THE ACTUAL CASH VALUE of the above described property at the time of said loss: \$ _____

THE ACTUAL LOSS AND DAMAGE to above described property as a result of said loss was: \$ _____

THE TOTAL INSURANCE covering above described property including this policy and all other policies (whether valid or not), binders or agreements to insure was at the time of said loss: \$ _____

INSURED HEREBY CLAIMS OF THIS COMPANY and will accept from this Company in full release and satisfaction in compromise settlement of all claims under this policy the sum of: \$ _____

In consideration of the payment to be made hereunder, the assured does hereby subrogate to said insurer all right, title, and interest in and to the property for which claim is being made hereunder, and agrees to immediately notify said insurer in case of any recovery of the property for which being made hereunder, and will render all assistance possible in any endeavor to recover said property. Assured also agrees to turn over said insurer, any such recovery which may be made, or reimburse said insurer in full to the extent of the payment for such property which may be recovered.

The said loss was not caused by design or procurement on the part of the assured or this affiant; nothing has been done by or with the privity or consent of assured or this affiant, to violate the conditions of this policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were interested in the loss and assured this policy and belonged to the assured at the time of said loss, no property saved has been in any manner concealed, and no attempt to deceive the said insurer as to the extent of said loss, has in any manner been made.

Any other information that may be required will be furnished on call, and considered a part of this proof.

It is expressly understood and agreed that the furnishing of this blank to the assured or the assistance of any adjuster, or any agent of the Insurer in the making of this proof, is not a waiver of any rights of said Insurer or of any of the conditions of this policy.

Form 2350F

© 2004 Nationwide Publishing Company, Inc.

<http://www.claimspages.com>

WITNESS(ES):

SIGNATURE(S):

Witness

Signature

Witness

Signature

Claim Number

Date

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