

PROOF OF LOSS BURGLARY, THEFT, LARCENY, ROBBERY

Policy Number: _____

Claim Number: _____

Policy Period: _____

Agency: _____

_____, being duly sworn, deposes and says: that _____, is the Insured named in policy number _____ issued by _____ and occupies _____ located at _____ as the premises name in this policy.

That the premises were occupied during the term of the policy for no other purposes than as follows: _____

That between the hours of _____ M. of _____, 20____ and _____ M. of _____, 20____, loss from within the said premises occurred under the following circumstances: _____

That the local police authorities were notified at their office in _____ on the _____ day of _____, 20____, by _____

That the loss consisted of property valued at \$_____, as itemized and described in the "schedule of articles stolen" hereinafter contained; that damage to the said property and/or to the said premises was sustained to the extent of \$_____. That the loss did not originate and was not brought about through any act, design, connivance or procurement on the part of the Insured, or on the part of any member of the Insured's household or on the part of any employee of the Insured except as stated; _____ That the premises had been left vacant prior to the time of the loss for the following period: _____

That no carpenters, painters, plumbers or other mechanics were engaged at work in the premises at the time of the loss nor was there any material change in the condition of the premises, except as follows: _____

That the only knowledge, information, belief or suspicion as to the person or persons causing the loss is as follows: _____

That the property, for which claim is made, was owned by the persons named in the schedule hereinafter contained, was not encumbered by a chattel mortgage and that no other person had any interest in or a claim against the said property, except as follows: _____

That the interest of the Insured in the property covered by the said policy has not been assigned, except: _____

That the Insured carries other similar insurance on the insured property or covering in the premises concurrent with the said policy, as follows: Amount of such similar insurance \$_____; Name of company or companies _____

That no part of the said property has been recovered, except as follows: _____

That _____ has never suffered loss or damage by burglary, theft, larceny, or robbery, or received indemnity therefore, except as follows: _____

That nothing material to knowledge of the facts of the loss, for which claim is made, has been suppressed, withheld or misrepresented herein: _____

The Insured hereby covenants that neither the furnishing of this blank nor the making up of proofs by an adjuster or other representative of the Company shall be construed as a waiver of any of the rights of the Company.

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

SCHEDULE OF ARTICLES STOLEN AND PROERTY DAMAGE

The Company requires this Schedule to be completely filled out

Item No.	Description of property stolen	When and where was article last seen prior to theft or burglary?	Where purchased	Actual amount of article