

SWORN STATEMENT IN PROOF OF LOSS

\$ _____
AMOUNT OF POLICY AT TIME OF LOSS
POLICY NUMBER
DATE ISSUED DATE EXPIRES
AGENT

To the _____
of _____

At the 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 about the hour of _____ o'clock ___ M on the _____ day of _____, 20____. 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 whatsoever: _____

3. Title and Interest: At the time of the loss the interest of your insured in the property described herein 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 the apportionment attached under Schedule "C", 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. 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 render it 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 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 a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

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

SCHEDULE "A" POLICY FORM

Policy Form Nbr: _____ Dated: _____

Item 1. \$ _____ on _____

Item 2. \$ _____ on _____

Item 3. \$ _____ on _____

Item 4. \$ _____ on _____

Situated _____

Coinsurance, Average, Distribution or Deductible Clauses, if any _____

Loss, if any, payable to _____

**SCHEDULE "B"
STATEMENT OF ACTUAL CASH VALUE AND LOSS AND DAMAGE**

QUANTITY	ITEM	ACTUAL CASH VALUE		LOSS AND DAMAGE	
TOTALS:					

SCHEDULE "C" – APPORTIONMENT

POLICY NBR	EXPIRES	NAME OF COMPANY	ITEM NBR _____		ITEM NBR _____	
			INSURES	PAYS	INSURES	PAYS
TOTALS:						

_____ Adjuster

RECEIPT FOR PAYMENT

Received _____
Dollars (\$) _____) from _____

_____ (insurer) in full satisfaction
and indemnity for all claims and demands upon said company on account of said loss and damage and the said policy is
hereby _____ (State whether **Reduced**, **Reduced and Reinstated** or **Canceled** by payment).

Date

Signature of the Insured

Date

Signature of the Mortgagee