

# 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 Insured hereby covenants that no release has been, or will be given to, or settlement, or compromise made with any third party who may be liable in damages to the Insured, and the Insured in consideration of the payment made under this policy hereby subrogates the said Company to all rights and causes of action the said Insured has against any person, persons, or corporations whomsoever for damage arising out of or incident to said loss, or damage to said property and authorizes said Company to sue in the name of the Insured but at the cost of the Company any such third party, pledging full cooperation in such action.

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

**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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Mortgagee