

Sworn Statement in Proof of Loss

\$ _____ Policy coverage A amount at time of loss	_____ Insurer	_____ Policy #
\$ _____ Policy coverage B amount at time of loss	_____ Date Issued	_____ Claim #
\$ _____ Policy coverage Personal Property at time of loss	_____ Date Expires	

At the time of loss, by the above indicated policy of insurance you insured _____
_____ (Property Covered)
against loss by _____ (peril insured against) 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 _____ a.m./p.m. (time of loss)
on _____ (date) 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: _____

3. **Title and Interest:** At the time of the loss, were you the titled owner of the property described? (yes / no)
If not, describe your interest in the property: _____
List any parties with any interest in the property: _____

4. **Changes:** List any assignment or change of interest, use, occupancy, possession, location or exposure of
the property described since the policy was issued: _____

5. **Total Insurance:** The total amount of insurance upon the property described by this policy was
\$ _____ at the time of the loss. There was no other policy or other contract of insurance,
written or oral, valid or invalid, for the described property.

6. The actual cash value of said property at the time of the loss was	\$ _____
7. The total loss and damage was	\$ _____
8. Less amount of deductible	\$ _____
9. The amount claimed under the above numbered policy is	\$ _____

I certify this loss did not originate by any act, design or procurement on my part. I have done nothing to violate
the conditions of the policy, or render it void. No articles are mentioned herein or in annexed schedules except
those destroyed or damaged at the time of the loss. I have concealed no property saved in any manner. I have
made no attempt to deceive the said company as to the extent of the loss. I will furnish any other information
that may be required as a part of this proof.

The furnishing of this Sworn Proof of Loss is made especially for the purpose of obtaining prompt and timely
payment of policy benefits.

State: _____

(Insured Signature)

County: _____
Subscribed and sworn to before me on this _____ day of _____, 20_____.

(Notary Public)