

POLICY NUMBER

Sworn Statement

COMPANY CLAIM NUMBER

POLICY AMT. AT TIME OF LOSS

AGENT

\$ _____
DATE ISSUED

IN PROOF OF LOSS

AGENCY AT

DATE EXPIRES

To the [INSURANCE COMPANY NAME] _____

of [CITY STATE] _____

At time of loss, by the above indicated policy of insurance you insured-

_____ against loss by _____ to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto.

TIME AND ORIGIN A _____ loss occurred about the hour of _____ o'clock AM/PM., on the _____ day of _____, 20__ .
The cause and origin of the said loss were: _____

OCCUPANCY The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: _____

TITLE AND CHANGES At the time of the loss, the interest of your insured in the property described therein was _____ INTEREST
_____. No other person or persons had any interest therein or encumbrance thereon, except: _____
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 _____

TOTAL 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, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

VALUE THE ACTUAL CASH VALUE of said property at the time of the loss was \$ _____

LOSS THE WHOLE LOSS AND DAMAGE was \$ _____

AMT. CLAIMED THE AMOUNT CLAIMED under the above numbered policy number is..... \$ _____

STATEMENTS OF INSURED The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has 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.

State Of _____ Insured: _____

County Of _____ Insured: _____

Subscribed and sworn to before me this _____ day of _____, _____

Personally Known to Me _____

I.D. _____ Notary: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.