

SWORN STATEMENT IN PROOF OF LOSS (MOBILE HOME)

Name of Insured: _____

Policy No. _____ Date of Loss: _____

Amount Claimed \$ _____ Time of Loss: _____ M.

DESCRIPTION OF INSURED MOBILE HOME OR RECREATIONAL VEHICLE

YEAR	MANUFACTURER	MODEL OR TYPE	SERIAL NUMBER	LTH	WTH	ACV AT D.O.L.
						\$
						\$

INSURED PERSONAL EFFECTS.....\$ _____

Damage to the above property occurred at the date and time indicated above. The cause and circumstances of the loss were:

(STATE WHERE AND HOW IT OCCURRED)

AMOUNT OF LOSS

Mobile Home, or Recreational Vehicle.....\$ _____

Awning, Cabana, other extra equipment (_____).....\$ _____

.....\$ _____

.....\$ _____

Personal Effects\$ _____

Deductible.....\$ _____ Total Amount Claimed.....\$ _____

Except as indicated below, at the time of loss no person or organization other than the Insured named above had any interest in the damaged property, or occupied or used it, and there was no other insurance covering any part of it.

Exceptions: _____

The said damage or loss did not originate by any act, design or procurement on my/our part nor on the part of anyone having interest in the property insured, or in the said policy of insurance; not in consequence of any fraud or evil practice done or suffered by me/us and that no property saved has in any manner been concealed.

The Insured hereby covenants that no release has been or will be given to or compromise or settlement made with any third party who may be liable in damages to the Insured and that the Insured in consideration of the payments made under this policy hereby subrogates the said Company to all rights and causes of action the said Insured has against any persons, or corporations whomsoever for damage arising out of or incident to said damage or loss 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 proof by a representative of the above insurance company is not a waiver of any of its rights.

WITNESS(ES):

SIGNATURE OF INSURED(S):

Witness

Signature

Witness

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

INSURED'S RELEASE

_____, 20____

The above Insurance company is hereby requested, empowered and authorized to pay, at its option, as follows:

To _____ \$ _____

To _____ \$ _____

To _____ \$ _____

Total Insured Loss and Damage _____ \$ _____

in full settlement and satisfaction for all damage and loss for which claim is made in this proof of loss.

In consideration of such payments, said company is hereby discharged and forever released from any and all further claim, demand or liability whatsoever for said damage and loss damage, under or by reason of said policy.

WITNESS: _____ Insured: _____

WITNESS: _____ Loss Payee: _____

BILL OF SALE AND POWER OF ATTORNEY

For value received, the undersigned hereby sells and conveys to _____ all of (his, her, its, their) right, title and interest in and to the mobile home or recreational vehicle described on the reverse side of this proof of loss, and constitutes and appoints _____ (his, her, its, their) attorney-in-fact to fill in the name of the transferee in the above space, to transfer title to said property to any transferee of its choice, and to execute, acknowledge and deliver on behalf of the undersigned any assignments, applications, titles and/or other documents for that purpose.

WITNESS(ES):

SIGNATURE(S):

Witness

Signature

Witness

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