

Proof of Loss Form

Policyholder Information			
Date:		Claim Number:	
Policy Number:	Policyholder Names:		
Mailing Address: Address where loss occurred:			
Date of Loss:	Time of Loss:	Cause of Loss:	
ALL LEGAL OWNER(S) OF PROPERTY AT TIME OF LOSS:			
ALL MORTGAGEES AND/OR LOSS PAYEES AT TIME OF LOSS:			
Policy Limits			
Dwelling	Personal Property	Other Structures	Other
Loss Information			
Dwelling \$	Personal Property \$	Other Structures \$	Other \$
Was the Police Department notified?		Incident Number	Investigating Officer
Was the Fire Department notified?		Incident Number	Investigating Officer
Other Insurance			
Are there any other insurance policies that cover this property?		If yes, please provide name of insurance company and policy number.	
Policy limits:			

In consideration of payment of this claim, I give the company my rights of recovery up to the amount paid and will execute all documents required of me and cooperate with the company in prosecuting all actions to effect recovery. The company is authorized to commence and prosecute any action or proceeding in my name, or in its own, or in the name of any person or persons to whom it may assign its claims hereunder, for the purpose of affecting collection of the amount mentioned above.

This loss did not originate by any act or plan of the Insured. Nothing has been done by or with the knowledge or consent of the Insured to violate the conditions of this policy or render it void. No attempt to deceive the Company has in any way been made, and all material facts have been provided to the Company. All of the property claimed as part of the loss was destroyed or damaged at the time of the loss, and no property saved from or not damaged in the loss has been hidden. Any other information which may be required will be furnished on demand and considered part of this proof of loss.

It is expressly understood and agreed that the furnishings of this blank form to the insured or the preparing of proofs by an adjuster, or any agent of the company named herein, is not a waiver of any rights of said company.

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Your Signature

Date

