

## Proof of Loss Form

Date:	ate:			Claim Number:				
Policy Number:	Policy Number: Policyholder Name							
Mailing Address:								
Address where loss o	ccurred:							
Date of Loss:	s: Time of Loss:		Cause of Loss:					
ALL LEGAL OWNER(S								
ALL MORTGAGEES AN	ND/OR LOSS PAYEES	S AT TIME OF LOS	S:					
ALL MORTGAGEES A	ND/OR LOSS PAYEES	S AT TIME OF LOS	S:					
ALL MORTGAGEES AI	ND/OR LOSS PAYEES	S AT TIME OF LOS	S:					
ALL MORTGAGEES AI	ND/OR LOSS PAYEES	S AT TIME OF LOS	S:					
ALL MORTGAGEES AI	ND/OR LOSS PAYEES	S AT TIME OF LOS	s: Policy	Limits				
	ND/OR LOSS PAYEES	AT TIME OF LOS	Policy	Limits Other Structures	Other			
	ND/OR LOSS PAYEES		Policy		Other			
	ND/OR LOSS PAYEES		Policy	Other Structures	Other			
ALL MORTGAGEES AI	ND/OR LOSS PAYEES		Policy		Other			
Dwelling	ND/OR LOSS PAYEES		Policy <sup>rty</sup> Loss Info	Other Structures	Other Other \$			
Dwelling	ND/OR LOSS PAYEES	Personal Proper	Policy <sup>rty</sup> Loss Info	Other Structures				
Dwelling Dwelling \$		Personal Proper Personal Proper \$	Policy <sup>rty</sup> Loss Info	Other Structures				
Dwelling Dwelling \$ Was the Police De	partment notified	Personal Proper Personal Proper \$	Policy <sup>rty</sup> Loss Info	Other Structures Ormation Other Structures \$	Other \$			
	partment notified	Personal Proper Personal Proper \$	Policy <sup>rty</sup> Loss Info	Other Structures Ormation Other Structures \$	Other \$			
Dwelling Dwelling \$ Was the Police De	partment notified	Personal Proper Personal Proper \$	Policy rty Loss Info	Other Structures Ormation Other Structures \$ Incident Number	Other \$ Investigating Officer			
Dwelling Dwelling \$ Was the Police De	partment notified?	Personal Proper Personal Proper \$	Policy rty Loss Info rty Other Ir	Other Structures Ormation Other Structures \$ Incident Number Incident Number	Other \$ Investigating Officer Investigating Officer			



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



			Prop	oerty L	oss Sheet					
		Building/Struct	tural (Ple	ease att	ach any esti	mates or receipts)				
	Description of Damage									
		Personal Prop	erty (Ple	ase atta	ach any estir	nates or receipts.)				
ltem Quantity	Original Item			Age			Original Cost		Replacement	
Quantity	Brand/Type/Model	Description	Year	Month	Condition	Place of Purchase	(Each)	кераіr Cost	Cost	
	Quantity Quantity Quantity	Quantity	De Personal Prop Original Item	Building/Structural (Ple	Building/Structural (Please att Description of Damag	Building/Structural (Please attach any esti         Description of Damage         Personal Property (Please attach any estir         Original Item       Age         Condition	Personal Property (Please attach any estimates or receipts.) Original Item Age Condition Place of Purchase	Building/Structural (Please attach any estimates or receipts)         Description of Damage         Personal Property (Please attach any estimates or receipts.)         Original Item       Age         Condition       Place of Purchase	Building/Structural (Please attach any estimates or receipts)       Description of Damage       Repair         Description of Damage       Image: Condition of Damage       Image: Condition of Damage       Image: Condition of Damage         Description of Damage       Image: Condition of Damage       Image: Condition of Damage       Image: Condition of Damage       Image: Condition of Damage         Description of Damage       Image: Condition of Damage	

Signature

Date

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