SWORN STATEMENT IN PROOF OF LOSS

Insurer Claim Number: _____

Amount of Policy at Time of Loss: _____

Date Policy Issued: _____

Date Policy Expires: _____

Insurance Policy Number: _____

Insurance Carrier: _____

Insurance Agency: _____

Insurance Agent: _____

To: _____:

At the time of loss described below, by the above-indicated policy of insurance, you insured _____ against loss by _____to the property described in the policy according to the terms and conditions of the policy and all forms, endorsements, transfers, and assignments attached thereto.

Time and Origin

A _____ occurred on _____.
The cause and origin of this 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 Interest

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

Changes

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 Insurance

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 in the statement of loss, besides which there was no policy or other contract of insurance written or oral, valid or invalid.

Actual Cash Value

The actual cash value of the property at the time of the loss was $_____.

Loss

The whole loss and damage . . . . . $_____.

The Amount Claimed

The amount claimed under the above-numbered policy is . . . . . $_____.

This loss did not originate by any act, design, or procurement on the part of your insured or this affiant. Nothing has been done by or with the privity or consent of your insured or this affiant to violate the conditions of the policy or to render it void. No articles are mentioned herein or in annexed schedules but those that 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 above insurance company as to the extent of this 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.

The undersigned certify that the statements and information contained herein with respect to the loss reported are accurate and truthful to the best of his/her/their knowledge and belief.

Florida Fraud Statement

Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

State of: _____

Insured Signature: _____
Insured Name: _____

County of: _____

Insured Signature: _____
Insured Name: _____

The foregoing instrument was sworn and subscribed before me by means of __ physical presence or __ online notarization, this __ day of _____, 20__, by _____, who is/are personally known to me or has produced _____ as identification.

Notary Public Signature: _____

Notary Public Name: _____