

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.

Oklahoma Policyholder Warning Pursuant to 36 Oklahoma Statute § 4805

This proof of loss must be rendered to the insurer within sixty (60) days from the date the insured receives blank forms for proof of loss from the insurer.

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: _____