Sworn Statement in Proof of Loss

Claims must be received within 90 days of the date of loss.
Items in **bold** and signature are required

Policy Number_____

Name of Insured:_____

Property Damaged:_____

Serial Number:_____ Make:_____

Location of Loss:_____

_____

Cause of Loss & Damage:_____

_____

Date of Loss:_____ County:_____ State:_____

Other insurance? Yes ◯ No ◯ If yes, name of company:_____

Mortgagee or lienholder:_____

_____

The amount of coverage on the insured property at the time of loss: $_____

Total estimated repair cost to the described property at the time was: $_____

Less amount of deductible: $_____

Amount Claimed: $_____

Please Note: No payment will be made based on an estimate. Payment will be made only after the unit has been repaired and we have received the final invoice.
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

_____ _____
Signature of Insured Date

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