

SWORN STATEMENT IN PROOF OF LOSS

TO: [Insurance Carrier Name]

ATTN: [Adjuster Name] / Claims Department

POLICY NUMBER: [Policy #]

CLAIM NUMBER: [Claim #]

DATE OF LOSS: [Date of Loss]

INSURED PROPERTY: [Property Address]

STATE OF [State]

COUNTY OF [County]

PROOF OF LOSS STATEMENT #: [1st/2nd/Supplemental #__]

Date Prepared: [Date]

I, [Insured Name], being first duly sworn upon oath, depose and say:

1. IDENTIFICATION AND AUTHORITY

I am the named insured under Policy Number [Policy #] issued by [Insurance Carrier Name], with coverage effective from [Policy Start Date] to [Policy End Date]. I am authorized to make this statement and have personal knowledge of the facts stated herein.

Additional Insureds/Interests:

- Mortgagee: [Name], Loan #: [Number]
- Co-insured: [Name], Relationship: [Relationship]
- Additional Insured: [Name], Interest: [Type]

2. OCCUPANCY AND USE

At the time of loss, the described property was occupied as: ☐ Owner-occupied primary residence (since [Date])

☐ Rental property (Tenant: [Name])

☐ Secondary/seasonal residence

☐ Commercial property (Business: [Type])

☐ Vacant (since [Date], carrier notified: ☐ Yes ☐ No)

Changes in occupancy within past 12 months: ☐ None ☐ As follows: [Description]

3. TITLE AND OWNERSHIP INTEREST

Property Ownership:

- I am the ☐ sole owner / ☐ co-owner of the property
- Deed dated: [Date]
- Ownership percentage: [%]
- Property purchased: [Date] for \$[Amount]
- Current market value (pre-loss): \$[Amount]

Other parties with insurable interest:

Name	Interest Type	Percentage	Contact
[Name]	[Type]	[%]	[Contact]

4. COMPLETE LOSS DETAILS

Loss Occurrence:

- Date: [Date of Loss]
- Time discovered: [Time] [AM/PM]
- Reported to carrier: [Date/Time]
- Cause of loss: [Detailed description]

Detailed Description of Loss Event: [Provide comprehensive narrative of how loss occurred, including sequence of events, discovery, immediate actions taken, and current status]

Persons Present/Witnesses:

- [Name] - [Relationship] - [Contact]
- [Name] - [Relationship] - [Contact]

No person was injured during this incident: ☐ True ☐ Injuries as follows: [Description]

5. ITEMIZED SCHEDULE OF DAMAGES

A. BUILDING/STRUCTURE DAMAGES

Component	Description of Damage	Repair Cost	Replacement Cost	Amount Claimed
Roof	[Description]	[\$Amount]	[\$Amount]	[\$Amount]
Walls	[Description]	[\$Amount]	[\$Amount]	[\$Amount]

Component	Description of Damage	Repair Cost	Replacement Cost	Amount Claimed
Floors	[Description]	[\$Amount]	[\$Amount]	[\$Amount]
Windows	[Description]	[\$Amount]	[\$Amount]	[\$Amount]
Electrical	[Description]	[\$Amount]	[\$Amount]	[\$Amount]
Plumbing	[Description]	[\$Amount]	[\$Amount]	[\$Amount]
HVAC	[Description]	[\$Amount]	[\$Amount]	[\$Amount]
Other	[Description]	[\$Amount]	[\$Amount]	[\$Amount]

Building Subtotal Claimed: \$[Total]

B. OTHER STRUCTURES

Structure	Description	Damage	Replacement Cost	Amount Claimed
[Structure]	[Description]	[Damage]	[\$Amount]	[\$Amount]

Other Structures Subtotal: \$[Total]

C. PERSONAL PROPERTY (Summary - Detailed inventory attached)

Category	Number of Items	Replacement Cost	Depreciation	ACV	Amount Claimed
Furniture	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]
Electronics	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]
Appliances	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]
Clothing	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]
Other	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[\$Amount]

Personal Property Subtotal: \$[Total]

(See attached [#]-page detailed inventory)

D. ADDITIONAL LIVING EXPENSES

Category	Monthly Amount	Months	Total Incurred	Total Expected	Amount Claimed
Temporary housing	[\$Amount]	[#]	[\$Amount]	[\$Amount]	[\$Amount]
Excess food costs	[\$Amount]	[#]	[\$Amount]	[\$Amount]	[\$Amount]
Storage	[\$Amount]	[#]	[\$Amount]	[\$Amount]	[\$Amount]
Transportation	[\$Amount]	[#]	[\$Amount]	[\$Amount]	[\$Amount]
Other	[\$Amount]	[#]	[\$Amount]	[\$Amount]	[\$Amount]

ALE Subtotal: \$[Total]

6. TOTAL AMOUNT CLAIMED

Coverage	Amount Claimed	Less Deductible	Net Claim
Dwelling (Coverage A)	[\$Amount]	[\$Deductible]	[\$Net]
Other Structures (Coverage B)	[\$Amount]	[\$Deductible]	[\$Net]
Personal Property (Coverage C)	[\$Amount]	[\$Deductible]	[\$Net]
Loss of Use (Coverage D)	[\$Amount]	\$0	[\$Amount]
Other Coverages	[\$Amount]	[\$Deductible]	[\$Net]
TOTAL CLAIM:	[\$Total]	[\$Total Ded]	[\$Net Total]

7. PRIOR LOSSES AND CLAIMS

Claims history at this property (past 5 years): ☐ No prior claims

☐ Prior claims as follows:

Date	Type of Loss	Amount Paid	Claim #	Carrier
[Date]	[Type]	[\$Amount]	[#]	[Carrier]

8. OTHER INSURANCE

☐ No other insurance covers this loss

☐ Other insurance exists:

Carrier	Policy #	Coverage Type	Limits	Contact
[Carrier]	[#]	[Type]	[\$Amount]	[Contact]

9. PROPERTY CHANGES SINCE POLICY INCEPTION

☐ No material changes

☐ Changes as follows:

- Renovations/Improvements: [Description, Date, Cost]
- Additions: [Description, Date, Cost]
- System upgrades: [Description, Date, Cost]
- Change in use/occupancy: [Description, Date]

10. MORTGAGE AND LIENS

The property is subject to:

- ☐ First Mortgage: [Lender], Balance: \$[Amount], Account #: [Number]
- ☐ Second Mortgage: [Lender], Balance: \$[Amount], Account #: [Number]
- ☐ HELOC: [Lender], Balance: \$[Amount], Limit: \$[Amount]
- ☐ Tax liens: [Description, Amount]
- ☐ Mechanics liens: [Description, Amount]
- ☐ No liens or encumbrances

11. SUBROGATION

- I have not released any party from liability for this loss
- I assign all rights of recovery to [Insurance Carrier Name] to the extent of payment
- Potentially responsible parties: ☐ None identified ☐ As follows: [Names/Description]
- Evidence preserved for subrogation: [Description]

12. EXAMINATION UNDER OATH

I agree to:

- Submit to examination under oath regarding this claim
- Produce all relevant documents requested
- Provide access to the damaged property
- Cooperate fully with the claim investigation
- Preserve all evidence of loss
- Provide records as required under the policy

13. DOCUMENTS ATTACHED/AVAILABLE

- ☐ Detailed personal property inventory ([#] pages)
- ☐ Photographs of damage ([#] photos)
- ☐ Video documentation ([Length])
- ☐ Contractor estimates ([#] estimates totaling \$[Amount])
- ☐ Invoices/receipts for emergency repairs (\$[Amount])
- ☐ Receipts for ALE expenses (\$[Amount])
- ☐ Prior year tax returns (for ALE calculation)
- ☐ Mortgage statement
- ☐ Proof of ownership/title

- ☐ Expert reports ([Type])
- ☐ Fire/Police reports
- ☐ Weather reports
- ☐ Other: [List]

14. RESERVATION OF RIGHTS

I specifically reserve the right to:

- Submit supplemental proofs of loss for damages discovered
- Claim all benefits available under the policy
- Invoke appraisal if disputes arise
- Recover full replacement cost upon completion of repairs
- Claim code upgrade coverage
- Assert all rights under applicable state law
- Amend this proof of loss if errors or omissions are discovered

15. FRAUD WARNING

I HAVE READ THE FOLLOWING WARNING:

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.

[Insert state-specific fraud warning language]

16. DECLARATION AND SIGNATURE

I declare under penalty of perjury that:

1. I have read this entire proof of loss statement
2. The information provided is true and correct to the best of my knowledge
3. The loss did not originate from any act, design, or procurement on my part
4. No attempt to defraud the insurance company is being made
5. The amounts claimed are just and correct
6. All damaged property has been accounted for
7. No property has been concealed or removed

- 8. I will notify the carrier if any property is recovered
- 9. I have not received compensation from any other source
- 10. All statements made are within my personal knowledge

SWORN TO AND SUBSCRIBED before me this [Day] day of [Month], [Year], at [City, State].

[Insured Name]
Signature: _____
Date: [Date]

[Co-Insured Name (if applicable)]
Signature: _____
Date: [Date]

NOTARY PUBLIC

State of [State]
County of [County]

On [Date], before me, [Notary Name], Notary Public, personally appeared [Insured Name], who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that [he/she/they] executed the same in [his/her/their] authorized capacity, and that by [his/her/their] signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of [State] that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public
My Commission Expires: [Date]
Commission #: [Number]

[Notary Seal]

ADJUSTER ACKNOWLEDGMENT *(For Adjuster Use)*

Received by: _____

Date: [Date]

Time: [Time]

Method: ☐ In Person ☐ Mail ☐ Email ☐ Fax

This document is provided by Claim Navigator AI as a customizable template. It does not constitute legal advice or representation. This proof of loss is submitted with full reservation of rights under the policy and applicable law.