


SWORN STATEMENT IN PROOF OF LOSS

Complete Template with Detailed Instructions and Legal Guidance

CRITICAL PRELIMINARY NOTES

-  **IMPORTANT LEGAL DOCUMENT WARNING:**
- This is a legally binding sworn statement made under penalty of perjury
 - False statements can result in claim denial and criminal prosecution
 - Must be notarized in most jurisdictions
 - Creates a permanent record that can be used in legal proceedings
 - Consider legal counsel before submitting if claim is complex or high-value

Timing Requirements:

- Most policies require submission within 60-90 days of loss
 - Some states have different statutory requirements
 - Emergency/catastrophe situations may extend deadlines
 - Check your specific policy and state law
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PART I: FORMAL HEADER AND IDENTIFICATION

DOCUMENT HEADER

SWORN STATEMENT IN PROOF OF LOSS

Document Type: Formal Proof of Loss Under Oath

Prepared Date: [Current Date]

Policy Period: [Start Date] to [End Date]

Submitted Under: [State] Insurance Law and Policy Terms

TO/FROM SECTION

TO: [Insurance Carrier Full Legal Name]

[Claims Department - Proof of Loss Unit]

[Street Address]

[City, State ZIP Code]

Attention: [Specific Adjuster Name if known]

FROM: [Your Full Legal Name as shown on policy]

[Co-Insured Full Legal Name if applicable]

[Complete Mailing Address]

[Property Address if different]

SUBMITTED VIA: [Certified Mail # / Hand Delivery / Electronic Submission]

REFERENCE INFORMATION

POLICY NUMBER: [Complete policy number including all prefixes/suffixes]

CLAIM NUMBER: [Full claim number as assigned by carrier]

DATE OF LOSS: [Exact date - Month DD, YYYY]

TIME OF LOSS: [Approximate time - HH:MM AM/PM]

PERIL/CAUSE: [Specific cause - e.g., "Wind and Hail Storm"]

NAIC COMPANY CODE: [5-digit code if known]

PART II: INSURED/POLICYHOLDER INFORMATION

PRIMARY INSURED

Full Legal Name: [As shown on policy]

Date of Birth: [MM/DD/YYYY]

Social Security #: [XXX-XX-XXXX - last 4 only if required]

Driver's License #: [Number and state]

Primary Phone: [Number with area code]

Mobile Phone: [Number with area code]

Work Phone: [Number with extension]

Email Address: [Primary email]

Alternate Email: [Secondary if available]

Preferred Contact: [Method and best times]

CO-INSURED/ADDITIONAL INSURED (if applicable)

Full Legal Name: [As shown on policy]

Relationship: [Spouse/Partner/Co-owner]

Date of Birth: [MM/DD/YYYY]
Contact Information: [If different from primary]

CORRESPONDENCE ADDRESS

Where to Send All Correspondence:
☐ Property Address
☐ Mailing Address (if different): [Complete address]
☐ Temporary Address: [If displaced - include until date]
☐ Attorney/Representative: [Name and address if applicable]

PART III: DETAILED LOSS INFORMATION

LOSS EVENT DESCRIPTION

Narrative of Loss Occurrence:

On [date] at approximately [time], the following events occurred:

[Provide detailed chronological narrative, including:

- Weather conditions if relevant
- Sequence of events leading to loss
- Your location at time of loss
- How you discovered the damage
- Immediate actions taken
- Emergency services called
- Protective measures implemented]

Example Detailed Narrative: "On March 15, 2024, at approximately 3:45 PM, while I was at work, a severe thunderstorm with confirmed EF-2 tornado activity struck our neighborhood. I received an emergency alert at 3:50 PM and immediately attempted to return home. Upon arrival at 5:30 PM, I discovered significant damage to the roof structure, with approximately 40% of the roof decking torn away, extensive water intrusion throughout the second floor, and multiple broken windows on the north and west facades. I immediately contacted 911 (report #12345), took emergency photographs, and installed temporary tarps with the assistance of neighbors. Professional emergency mitigation services were contacted at 6:45 PM..."

CAUSE OF LOSS DETAILS

Primary Cause: [Specific peril - must match policy language] **Secondary Causes:** [If applicable - e.g., "Wind-driven rain following tornado damage"] **Excluded Perils Confirmation:** No part of this loss was caused by:

- ☐ Flood (surface water)
 - ☐ Earth movement
 - ☐ War or terrorism
 - ☐ Nuclear hazard
 - ☐ Intentional acts
 - ☐ Wear, tear, or deterioration
-

PART IV: PROPERTY OCCUPANCY AND USE

OCCUPANCY STATUS AT TIME OF LOSS

Property was occupied by:

- ☐ Owner (myself/family)
- ☐ Tenant - Name: [Full name]
- ☐ Partially occupied - Details: [Explain]
- ☐ Vacant - Since: [Date]
- ☐ Under renovation - Contractor: [Name/License]

RENTAL INFORMATION (if applicable)

Tenant Name(s): [Full legal names]
Lease Start Date: [Date]
Lease End Date: [Date]
Monthly Rent: \$[Amount]
Security Deposit Held: \$[Amount]
Rent Loss Claimed: \$[Amount]
Tenant Displaced: [Yes/No - current location if known]

PROPERTY USE

Primary Use:

- ☐ Primary residence
- ☐ Secondary/Vacation home
- ☐ Rental property
- ☐ Mixed use - Describe: [Details]

Business Use:

☐ None

☐ Home office - % of home: [Percentage]

☐ Business property stored - Value: \$[Amount]

☐ Business interruption claim: [Yes/No]

PART V: PROPERTY OWNERSHIP AND INTERESTS

TITLE AND OWNERSHIP

Property Owned By: [All names on deed exactly as shown]

Deed Type: [Warranty/Quitclaim/Trust Deed]

Date of Purchase: [Date]

Purchase Price: \$[Amount]

Current Market Value: \$[Amount per recent assessment/appraisal]

How Title Is Held:

☐ Sole ownership

☐ Joint tenants with rights of survivorship

☐ Tenants in common - Percentages: [Detail]

☐ Trust - Trustee: [Name]

☐ LLC/Corporation - Name: [Entity name]

MORTGAGE INFORMATION

First Mortgage:

Mortgagee/Lender: [Full name of bank/lender]

Loan Number: [Complete loan number]

Original Loan Amount: \$[Amount]

Current Balance: \$[Approximate amount]

Monthly Payment: \$[Amount]

Loan Type: [Conventional/FHA/VA/USDA]

Second Mortgage/HELOC (if applicable):

Lender: [Name]

Account Number: [Number]

Current Balance: \$[Amount]

OTHER INTERESTS

Other Parties with Interest in Property:

[] None

[] Mechanic's Lien - Holder: [Name] Amount: \$[Amount]

[] Tax Lien - Authority: [Name] Amount: \$[Amount]

[] HOA Lien - Association: [Name] Amount: \$[Amount]

[] Contract for Deed - Seller: [Name]

[] Life Estate - Holder: [Name]

[] Other: [Describe]

PART VI: DETAILED SCHEDULE OF LOSS

A. DWELLING/BUILDING STRUCTURE

Building Characteristics:

Year Built: [Year]

Square Footage: [Total living space]

Construction Type: [Frame/Masonry/Mixed]

Foundation Type: [Slab/Crawlspace/Basement]

Number of Stories: [#]

Roof Type: [Shingle/Tile/Metal/Built-up]

Roof Age: [Years]

Structural Damage Details:

DAMAGED BUILDING COMPONENTS:

=====

Component	Area/Quantity	Damage Description	Repair Cost
-----	-----	-----	-----
Roof Structure	[sq ft]	[Description]	\$[Amount]
Roof Covering	[sq ft]	[Description]	\$[Amount]
Exterior Walls	[lin ft]	[Description]	\$[Amount]
Windows	[# units]	[Description]	\$[Amount]
Doors	[# units]	[Description]	\$[Amount]
Interior Walls	[sq ft]	[Description]	\$[Amount]
Flooring	[sq ft]	[Description]	\$[Amount]
Ceilings	[sq ft]	[Description]	\$[Amount]
Insulation	[sq ft]	[Description]	\$[Amount]
Electrical System	[% affected]	[Description]	\$[Amount]
Plumbing System	[% affected]	[Description]	\$[Amount]
HVAC System	[units]	[Description]	\$[Amount]
Kitchen	[% damaged]	[Description]	\$[Amount]
Bathrooms	[# affected]	[Description]	\$[Amount]
Other:	[specify]	[Description]	\$[Amount]

Building Loss Calculation:

Replacement Cost Value (RCV):	\$[Amount]
Less Depreciation:	-\$[Amount]
Actual Cash Value (ACV):	\$[Amount]
Less Deductible:	-\$[Amount]
NET BUILDING CLAIM:	\$[Amount]

B. PERSONAL PROPERTY/CONTENTS

Instructions for Contents Inventory:

- List items room by room
- Include purchase date and price when known
- Note brand, model numbers for electronics/appliances
- Estimate current replacement cost
- Calculate depreciation based on age/condition
- Attach detailed inventory as separate schedule

Summary by Category:

PERSONAL PROPERTY CATEGORIES:
=====

Category	RCV	ACV
----- ----- -----		
Furniture	\$	\$
Electronics	\$	\$
Appliances	\$	\$
Clothing	\$	\$
Jewelry/Watches	\$	\$
Artwork/Collectibles	\$	\$
Tools/Equipment	\$	\$
Outdoor/Patio	\$	\$
Kitchenware	\$	\$
Linens/Bedding	\$	\$
Books/Media	\$	\$
Sports Equipment	\$	\$
Office Equipment	\$	\$
Other Categories	\$	\$
----- ----- -----		
TOTAL:	\$	\$

High-Value Items Requiring Special Documentation:

[List items over \$2,500 with specific details]
Item: [Description]
Purchase Date: [Date]
Purchase Price: \$[Amount]
Current Value: \$[Amount]
Documentation: [Receipt/Appraisal/Photo reference]

C. ADDITIONAL LIVING EXPENSES (ALE)

Displacement Information:

Date Home Became Uninhabitable: [Date]
Estimated Date of Return: [Date or "Unknown"]
Total Days Displaced to Date: [Number]

Temporary Housing Expenses:

Type of Temporary Housing: [Hotel/Rental/With Family]
Address: [Complete address]
Daily/Monthly Rate: \$[Amount]
Total Paid to Date: \$[Amount]
Future Estimated Need: \$[Amount]

Additional Increased Living Costs:

ITEMIZED ALE:

=====

Expense Type	Normal Cost	Actual Cost	Difference
Housing	\$	\$	\$
Utilities	\$	\$	\$
Food/Dining	\$	\$	\$
Transportation	\$	\$	\$
Laundry	\$	\$	\$
Storage	\$	\$	\$
Pet Boarding	\$	\$	\$
Other:	\$	\$	\$
MONTHLY TOTAL:	\$	\$	\$

Total ALE to Date: \$[Amount]
Estimated Future ALE (3 months): \$[Amount]

D. OTHER STRUCTURES

Detached Structures Damaged:

Structure #1:
Type: [Garage/Shed/Pool House/Fence]
Size: [Dimensions/Square footage]
Construction: [Materials]
Use: [Purpose]
Damage Description: [Details]
Replacement Cost: \$[Amount]
Actual Cash Value: \$[Amount]

[Repeat for each additional structure]

E. ADDITIONAL COVERAGES

Landscaping and Outdoor Property:

Trees/Shrubs Destroyed: [Number] - Value: \$[Amount]
Lawn Damage: [Sq ft] - Value: \$[Amount]
Hardscaping: [Description] - Value: \$[Amount]

Debris Removal:

Estimated Volume: [Cubic yards]
Disposal Costs: \$[Amount]
Labor Costs: \$[Amount]
Total Debris Removal: \$[Amount]

Emergency Expenses:

Temporary Repairs: \$[Amount]
Board-up Services: \$[Amount]
Water Extraction: \$[Amount]
Tarps/Covering: \$[Amount]
Security Services: \$[Amount]
Total Emergency: \$[Amount]

PART VII: LOSS SUMMARY CALCULATION

COMPLETE LOSS SUMMARY

TOTAL CLAIM CALCULATION:		
=====		
	RCV	ACV
Building/Dwelling:	\$	\$
Personal Property:	\$	\$
Other Structures:	\$	\$
Loss of Use/ALE:	\$	\$
Landscaping:	\$	\$
Debris Removal:	\$	\$
Emergency Expenses:	\$	\$
Additional Coverages:	\$	\$

SUBTOTAL:	\$	\$
Less Deductible:		-\$
Less Prior Payments:		-\$
=====		
NET CLAIM AMOUNT:		\$

PART VIII: OTHER INSURANCE

OTHER INSURANCE COVERAGE

Do you have other insurance that might cover this loss?

☐ No

☐ Yes - Details below:

Other Insurance Carrier: [Name]

Policy Number: [Number]

Policy Type: [Homeowners/Flood/Earthquake/Umbrella]

Coverage Limits: \$[Amount]

Claim Filed: [Yes/No]

Claim Number: [If applicable]

Amount Paid/Pending: \$[Amount]

GOVERNMENT ASSISTANCE

FEMA Assistance Applied For: [Yes/No]

FEMA Registration Number: [If applicable]

SBA Loan Applied For: [Yes/No]

Other Government Aid: [Describe]

PART IX: SUBROGATION INFORMATION

RESPONSIBLE THIRD PARTIES

Is another party responsible for this loss?

☐ No

☐ Yes - Details:

Responsible Party Name: [Full name]

Address: [If known]

Phone: [If known]
Their Insurance Carrier: [If known]
Policy Number: [If known]
Nature of Responsibility: [How they caused damage]

Actions Taken:

- ☐ Police report filed - Report #: [Number]
- ☐ Attorney retained - Name: [Attorney name]
- ☐ Lawsuit filed - Case #: [Number]
- ☐ Insurance claim filed with their carrier
- ☐ Other: [Describe]

PART X: DOCUMENTATION ATTACHED

REQUIRED ATTACHMENTS CHECKLIST

The following supporting documents are attached to this Proof of Loss:

- ☐ A. Complete room-by-room inventory (___ pages)
- ☐ B. Photographs of damage (___ photos, numbered)
- ☐ C. Contractor estimates/bids (___ estimates)
- ☐ D. Receipts for emergency repairs (\$___ total)
- ☐ E. Receipts for additional living expenses (\$___ total)
- ☐ F. Original purchase receipts for major items
- ☐ G. Police/Fire department reports
- ☐ H. Weather reports/Documentation
- ☐ I. Expert reports (engineering, mold, etc.)
- ☐ J. Mortgage statement showing current balance
- ☐ K. Property tax assessment
- ☐ L. Utility bills (for ALE comparison)
- ☐ M. Lease agreement (if rental property)
- ☐ N. Video documentation (USB/Cloud link)
- ☐ O. Other: [List any additional documents]

PART XI: SWORN STATEMENT AND ATTESTATION

FORMAL SWORN STATEMENT

STATE OF [Your State]

COUNTY OF [Your County]

I/We, the undersigned, being first duly sworn upon oath, depose and state as follows:

1. **Identity and Authority:** I am/We are the [owner(s)/authorized representative] of the property described in this Proof of Loss and have full authority to make this statement and claim.
2. **Truthfulness:** I have read the foregoing Proof of Loss, consisting of [number] pages and [number] attachments, and the facts stated herein are true and correct to the best of my knowledge, information, and belief.
3. **Actual Loss:** The loss claimed represents actual damage sustained to the described property as a direct result of the peril(s) stated, and the amounts claimed are just and correct.
4. **No Fraud or Misrepresentation:** No attempt to defraud the insurance company has been made, and all information provided is accurate and complete. I understand that any false statement or misrepresentation may void coverage and subject me to criminal prosecution.
5. **Cause of Loss:** The loss was not caused by any willful act or neglect on my part or with my knowledge or consent, nor was it caused by any excluded peril under the policy.
6. **No Double Recovery:** No part of the loss claimed has been paid by or is payable from any other source except as specifically noted in this document.
7. **Cooperation Agreement:** I agree to cooperate fully with the insurance company's investigation, including but not limited to:
 - Submitting to examination under oath if requested
 - Providing additional documentation as reasonably requested
 - Allowing inspection of the damaged property
 - Providing access to financial records if relevant
8. **Subrogation Rights:** I agree to cooperate with the insurance company in any subrogation proceedings and to do nothing to prejudice such rights.
9. **Supplemental Claims:** I reserve the right to submit supplemental claims if additional damage is discovered during the repair process.
10. **Policy Compliance:** This Proof of Loss is submitted in compliance with the terms and conditions of the insurance policy and applicable state law.

SPECIFIC ACKNOWLEDGMENTS

I specifically acknowledge and affirm that:

- The values stated for property represent my best estimate of actual replacement cost and actual cash value
- The additional living expenses claimed are only those costs above my normal living expenses

- I have mitigated damages to the best of my ability
- All salvageable property has been protected and preserved
- I will notify the insurance company if I receive any compensation from other sources
- I understand the insurance company may investigate this claim thoroughly

PENALTIES WARNING

I UNDERSTAND THAT:

- This is a sworn statement made under penalty of perjury
 - False statements may result in denial of the claim
 - Insurance fraud is a crime punishable by fines and imprisonment
 - In [State], insurance fraud is a [felony/misdemeanor] punishable by up to [X years] in prison and fines up to \$[amount]
-

PART XII: SIGNATURES

INSURED'S SIGNATURE

Primary Insured:

Signature

Print Name: [Your Full Legal Name]

Date: [Date signed]

Co-Insured (if applicable):

Signature

Print Name: [Co-Insured Full Legal Name]

Date: [Date signed]

Representative (if signed by representative):

Signature

Print Name: [Representative Name]

Title/Relationship: [Public Adjuster/Attorney/Power of Attorney]

Date: [Date signed]

PART XIII: NOTARIZATION

NOTARY ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

On this ____ day of ____, **20**, before me personally appeared [Name(s) of person(s) signing], who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature of Notary Public

[NOTARY SEAL]

Print Name: _____

Notary Public in and for the State of _____

My Commission Expires: _____

Commission Number: _____

PART XIV: IMPORTANT NOTICES AND RESERVATIONS

POLICYHOLDER RIGHTS RESERVED

By submitting this Proof of Loss, I reserve all rights under the policy and applicable law, including:

1. **Right to Appraisal:** If we cannot agree on the amount of loss, either party may invoke the appraisal provision of the policy
2. **Right to Supplement:** Additional Proofs of Loss may be submitted if hidden damage is discovered

3. **Right to Legal Action:** Subject to policy terms regarding suit limitations
4. **Right to Regulatory Complaint:** May file complaints with the Department of Insurance
5. **Right to Full Payment:** Entitled to all benefits due under the policy
6. **Right to Interest and Penalties:** As provided by state law for delayed payments

TIME LIMITATIONS

Important Deadlines:

- Proof of Loss must typically be filed within [60/90] days of loss
- Legal action typically must be brought within [1/2] year(s) of loss
- Appraisal must typically be demanded within [X] days of claim denial
- Check your specific policy and state law for applicable deadlines

EXAMINATION UNDER OATH

By signing this Proof of Loss, I acknowledge that:

- The insurance company may request an Examination Under Oath
- I must appear and answer questions under oath if requested
- I must produce requested documents
- Failure to comply may result in claim denial

FRAUD WARNING

[State-Specific Fraud Warning - Example]: "Any person who knowingly and with intent to defraud any insurance company or other person files a 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."

PART XV: FOR INSURANCE COMPANY USE ONLY

COMPANY RECEIPT AND REVIEW

Date Received: _____

Received By: _____

Method Received: _____

Adjuster Assigned: _____

Adjuster Review Date: _____

Initial Review:

☐ Complete

☐ Incomplete - Items needed: _____

☐ Accepted

☐ Rejected - Reason: _____

Adjuster Notes:

APPENDIX: SPECIAL INSTRUCTIONS AND TIPS

BEFORE SUBMITTING THIS PROOF OF LOSS:

1. **Review Your Policy:** Ensure you understand your coverage limits and deductibles
2. **Document Everything:** Never submit without complete supporting documentation
3. **Be Accurate:** Estimates are acceptable, but intentional overstatement is fraud
4. **Keep Copies:** Maintain complete copies of everything submitted
5. **Send Properly:** Use certified mail or confirmed delivery method
6. **Meet Deadlines:** Late submission can result in claim denial
7. **Get Help if Needed:** Consider professional assistance for large or complex claims

COMMON MISTAKES TO AVOID:

- Failing to list all damaged items
- Not including receipts or proof of ownership
- Missing the filing deadline
- Forgetting to sign and notarize
- Undervaluing or overvaluing property
- Not reserving rights to supplement
- Failing to document ALE properly

AFTER SUBMISSION:

- Follow up if no acknowledgment within 5 business days
- Respond promptly to any requests for additional information

- Keep detailed log of all communications
 - Continue to mitigate damages
 - Save all receipts for ongoing expenses
 - Be prepared for examination under oath if requested
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FINAL DISCLAIMER: This template is provided for informational and educational purposes only. It is not legal advice and does not create an attorney-client relationship. Insurance laws and requirements vary significantly by state and by policy. Always consult with a qualified attorney or public adjuster familiar with your state's laws and your specific policy before submitting a Proof of Loss. The user assumes all responsibility for the accuracy and completeness of information provided in their Proof of Loss.