

TWIN CITIES WEST CLAIMS BRANCH
PO BOX 64359
SAINT PAUL MN 55164-9924

Auto-Owners
INSURANCE

LIFE • HOME • CAR • BUSINESS

P.O. BOX 30660 • LANSING, MICHIGAN 48909-8160

AUTO-OWNERS INSURANCE COMPANY
800.328.0034

04/30/2025

RONALD D OTTERSON
3111 SUNDANCE CIR NW
ALEXANDRIA MN 56308-9075

RE: Policy Number: 41-792035-02
Claim Number: 300-0261455-2025
Insured: RONALD D OTTERSON
Date of Loss: 06/12/2024

REQUEST FOR PROOF OF LOSS AND RECORDS

Dear RONALD D OTTERSON

We have received notice of a Hail loss which reportedly occurred on 06/12/2024. We are undertaking an investigation of the loss and coverage and would like to remind you of some of your obligations under the terms and conditions of your insurance policy with AUTO-OWNERS INSURANCE COMPANY as well as to advise you of the materials which constitute a satisfactory Proof of Loss. Please review the entire policy including the specific section entitled What to do In Case of Loss.

The requirements of What to do In Case of Loss are enclosed for your convenience.

If you are making a claim for loss or damage to contents or other personal property, you must prepare an inventory describing the damaged property in full. It should show in detail quantities, date of purchase, place of purchase, purchase price, replacement cost and actual cash value at the time of loss or repair cost. Attach copies of bills, receipts and any other documents which support your inventory. If applicable to your claim, we have enclosed inventory forms with this letter and request that you complete, sign, date and return them as soon as possible.

At this time, we request that you prepare and submit a Sworn Statement in Proof of Loss on your claim for payment under the terms and conditions of the insurance policy. The Sworn Statement in Proof of Loss must be filed in accordance with the applicable policy provision. Attached to this letter, you will find a copy of the applicable policy provision and a blank Sworn Statement in Proof of Loss form for your use. Please provide an answer or response to all areas left blank on the form. Read the form carefully; any intentional misrepresentations or omissions on your Sworn Statement in Proof of Loss, or during the claim presentment process may result in your claim being denied.

After you have completed and signed the Sworn Statement in Proof of Loss form before a notary public, please return it to us. You may utilize the return envelope provided. You should attach copies of all estimates, inventories, receipts, bills, financial records or other materials you have relied upon to prepare the Sworn Statement in Proof of Loss and return it to us at the following address:

TWIN CITIES WEST CLAIMS BRANCH
PO BOX 64359
SAINT PAUL MN 55164-9924

It should be understood by you that no decision has been made with respect to your claim at this time. A decision on your claim can only be made once the claim has been submitted and supported by proper documentation. This letter, and the enclosed forms, do not supersede the terms and conditions of the policy of insurance. The rights and conditions specified in the policy are preserved for your benefits as well as AUTO-OWNERS INSURANCE COMPANY. The purpose of this letter is to provide you with the information to comply with the terms and conditions of the insurance policy.

Sincerely,

TWIN CITIES WEST CLAIMS BRANCH
800.328.0034

(FOLD LINE)

FOLD AND INSERT IN THE ENCLOSED ENVELOPE SO THE RETURN ADDRESS APPEARS IN ENVELOPE WINDOW

(FOLD LINE)

CLAIM NO. 300-0261455-2025

The policy names _____ as the insured and is/was effective from
12:01 a.m. _____ to 12:01 a.m. _____. Policy number under which you have filed a claim is _____.

- | Coverage Involved | Replacement Cost of Damage | Actual Cash Value of Damage | Total Insurance Under this Policy | Amount Claimed Under this Policy |
|-------------------|----------------------------|-----------------------------|-----------------------------------|----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTALS | | | | |

I have not intentionally caused this loss. I have not in any way done anything to violate the conditions of the policy. The loss or damage did not occur as a result of my willful act or failure to act. I have not in any manner concealed any fact about the loss or tried to deceive the Company as to the extent of the loss. I will provide any other information that may be necessary to support my claim and have reviewed statutory fraud provisions on the back of this form.

State of _____ County of _____

Insured

Insured

18403 (2-17)

ALABAMA STATUTES PROVIDE THAT “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.”

ARIZONA STATUTES PROVIDE THAT “For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”

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SWORN STATEMENT IN PROOF OF LOSS - SAMPLE

CLAIM NO. 300-1234-2015

It is understood and agreed that the furnishing of this blank form and any assistance by any representative of the Company in completing it, does not waive any rights of the Company under any conditions of the policy.

The policy names (1) George and Dawn Insured as the insured and is/was effective from 12:01 a. (2) 1/15/2015 to 12:01 a. (3) 1/15/2016. Policy number under which you have filed a claim (4) 95-123456-00.

1. **Time and Origin:** (5) A (6) Theft loss occurred on the (7) 28 day of (8) July, 20(9) 15, at (10) 3:00 ☒ AM ☐ PM caused (11) Break in of home and theft of personal property

2. **Occupancy:** The building described or containing the property insured was occupied for no other purpose than the following (12) Personal home

3. **Title and Interest:** At the time of the loss the interest of the Insured in the property described was sole and unconditional ownership and no other person or persons had any interest therein, lien or encumbrance thereon, except (13) USA Bank

4. **Changes:** The following changes have occurred in the title, use, occupancy or possession of the property since the policy was written. If none, please say so (14) We now rent out the basement to a tenant.

5. **Other Insurance:** List any and all insurance policies or binders that you or anyone else has that may cover any of the property for which a claim is included, oral or written (15) None

6. **Damages:** Please itemize the damage or loss within each of these categories:

Coverage Involved	Replacement Cost of Damage	Actual Cash Value of Damage	Total Insurance Under this Policy	Amount Claimed Under this Policy
<u>(16) Dwelling</u>	<u>(17) \$5,000.00</u>	<u>(18) \$2,542.15</u>	<u>(19) \$150,000</u>	<u>(20) \$2,542.15</u>
Personal Property	\$2,500.00	\$1,422.19	\$125,000	\$1,422.19
TOTALS	\$7,500.00	\$3,964.34	\$275,000	\$3,964.34

I understand I must support my claim through the submission of appropriate documentation and that whether submitted by me or on my behalf, any such submissions are material representations in making this claim. I understand that if my claimed amount is based upon replacement cost, if such policy provisions exist, those provisions must be met before such portions of the loss are payable.

I have not intentionally caused this loss. I have not in any way done anything to violate the conditions of the policy. The loss or damage did not occur as a result of my willful act or failure to act. I have not in any manner concealed any fact about the loss or tried to deceive the Company as to the extent of the loss. I will provide any other information that may be necessary to support my claim and have reviewed statutory fraud provisions on the back of this form.

Subscribed and sworn to before me this _____ day of _____, 20____.

State of _____ County of _____

Notary Public

(21) Insured

Insured

(22) (PLEASE REFER TO FRAUD LANGUAGE ON BACK BEFORE SIGNING)

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SWORN STATEMENT IN PROOF OF LOSS - SAMPLE KEY

The Sample Proof of Loss and the Sample Key are intended to assist you in complying with the terms and conditions of the insurance policy. The rights and conditions specified in the policy are preserved and these documents do not supersede the terms and conditions of the policy of insurance.

1. The named insured on the policy. Who the policy is issued to - you can obtain this information from the declarations page of your policy.
2. The effective date of the policy - you can obtain this information from the declarations page of your policy.
3. The expiration date of the policy - you can obtain this information from the declarations page of your policy.
4. The policy number you are making a claim under - you can obtain this information from the declarations page of your policy.
5. The type of claim you are making. i.e. water, fire, theft, vandalism, missing items etc...
6. The day of the month the loss occurred.
7. The month the loss occurred.
8. The year the loss occurred.
9. The time of day the loss occurred (also check box for AM or PM).
10. How did the loss occur?
11. How is the property used by you (the insured)?
12. List a mortgage company or any person/business that has a financial interest in your property. If none, state 'none'.
13. Has the mortgage company changed? Has the property been used for something other than how the policy was originally written? If none, state 'none'.
14. Are there any other insurance policies you or anybody else may have that could cover the property for which you are making a claim? If none, state 'none'.
15. What coverage are you making a claim under? You can obtain this information from your declarations page of your policy. (i.e. Dwelling, Personal Property, Additional Living Expense, Other Structures, etc.)
16. What is the replacement value of the damaged items, including any applicable sales tax?
17. What was the pre-loss value of the damaged items?
18. What is your policy limit for the coverage involved? You can obtain this information from the declarations page of your policy.
19. What is the amount you are claiming under the policy? If you have Actual Cash Value coverage, this should be the Actual Cash Value of your loss. If you have Replacement Cost coverage, and plan on replacing the damaged item(s), this should be the Replacement Cost of your loss.
20. Be sure to sign the form in the presence of a notary public. All named insureds should sign the form. You can typically find a notary either at your insurance agency or your local bank.
21. Refer to state specific Fraud Language on 2nd page.

PERSONAL PROPERTY INVENTORY (See Reverse Side For Instructions)

Company Use Only

Page: _____ of _____ Date: _____

Room: _____ Claim Number: 300-0261455-2025

Sales Tax Rate: _____ %

	1. Qty	2. Describe Item (brand, model/serial #)	Age (Yr.)	Age (Mo.)	3. Original Purchase		4. Current In-Store Price	Verified Replacement Cost Per Item	Sales Tax %	Total Replacement Cost Including Sales Tax	Depreciation			Actual Cash Value (ACV)	Repl. Cost Claim (if Applicable)		Special Limit Applied
					Store	Receipt Y/N					Useful Life (in years)	% of Depr.	Dollar Amount of Depr.		Amt. Repl. For	Replacement Cost Claim	
	1																
	2																
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	19																
	20																
5. TOTALS:									X		X	X					X

This information is true and correct.

This information is true and correct.

6.X _____

Name _____

PLEASE REFER TO STATE SPECIFIC LANGUAGE
ON PAGE 2 BEFORE SIGNING THIS FORM

ACV TOTAL	
LESS DEDUCTIBLE (if Applicable)	
LESS ADVANCES (if Applicable)	
TOTAL	

PERSONAL PROPERTY INVENTORY

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You may find that a sketch of the room will be helpful to remind you of the items which were contained in each room. Another suggestion is to start your inventory at one corner of the room and go completely around all four walls of the room very carefully. Try to remember what was contained on the walls and floor areas. You are less likely to miss something with an organized plan. It is also helpful to list the contents of closets separately.

INSTRUCTIONS FOR COMPLETION OF INVENTORY SHEETS

1 through 6 are to be completed as follows:

1. Quantity? Indicate number.

Examples: 2 towels
2 pair of drapes
1 sofa
1 TV

It is not necessary to list all items separately. Minor items of a similar nature can be included as one item. For instance -- linens, towels, tools, books, etc. Major items (items costing more than \$100.00) must be listed separately.

2. Item – Describe the item – Included the brand name, and any applicable size, model number or serial number to identify the item.

Examples: La-Z-Boy Lancer Recliner
Early American lamps, Early American tables
Kroehler leather sectional sofa
Samsung 32" LED 720p 60Hz HDTV Model: LN32D403

3. Original Purchase – Provide the following information:

Where Purchased – Please indicate the store name, street address and city where each item was purchased. If a gift, identify the giver and their present address. A separate sheet may be necessary.

Receipt – Please indicate a Y if you are including a receipt with your list. Attach ORIGINAL invoices, cancelled checks, bills of sale, credit card receipts or any other documents you have that show purchase information for the claimed property. You should retain copies of the documents for your records. If a gift, indicate that here. Please remember that some retailers keep records of this information so receipts may be located even if you do not have them.

4. Current In-Store Price – Indicate the current in-store price for the item(s) claimed. If the item is repairable, list the cost to repair. If it is totally destroyed or missing, list the present day replacement cost of a comparable item of like kind and quality. Determine the present day replacement cost through whatever resources are available to you. Major catalogs and online retailers are excellent resources for such information. If the item is not available now, show the original cost to you. Higher value items (for example, items over \$100) should include an estimate or other pricing documentation to confirm the replacement cost. Please note that if you choose to replace your lost/damaged property with an item of higher quality or value, the increased cost between the comparable item that was damaged and the upgraded item is not recoverable.

5. Total the columns. (Unless using the PDF version of the form, as the columns will automatically be totaled).

6. Signature of person completing this form. By signing the form, you are acknowledging that the information you have provided on the inventory form(s) is accurate and that you have also reviewed any state specific fraud language on this form.

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Company Use Only

Page: _____ of _____ Date: _____

Room: _____ Claim Number: 300-0261455-2025

Sales Tax Rate: _____ %

1. Qty	2. Describe Item (brand, model/serial #)	Age (Yr.)	Age (Mo.)	3. Original Purchase		4. Current In-Store Price	Verified Replacement Cost Per Item	Sales Tax %	Total Replacement Cost Including Sales Tax	Depreciation			Actual Cash Value (ACV)	Repl. Cost Claim (if Applicable)		Special Limit Applied	
				Store	Receipt Y/N					Useful Life (in years)	% of Depr.	Dollar Amount of Depr.		Amt. Repl. For	Replacement Cost Claim		
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20																	
5. TOTALS:								X		X	X						X

This information is true and correct.

6.X _____

Name _____

PLEASE REFER TO STATE SPECIFIC LANGUAGE
ON PAGE 2 BEFORE SIGNING THIS FORM

ACV TOTAL	
LESS DEDUCTIBLE (if Applicable)	
LESS ADVANCES (if Applicable)	
TOTAL	

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WHAT TO DO IN CASE OF LOSS

PROPERTY

If a covered loss occurs, the **insured** must:

- a. give **us** or **your** agency immediate notice. In case of theft also notify the police and provide them with a complete inventory of stolen or damaged property. In case of loss under Credit Card, Charge Plate, Fund Transfer Card and Check Forgery Coverage, also notify the issuer of the card or plate or the bank.
- b. protect the property from further damage or loss, make necessary and reasonable temporary repairs and keep records of the cost.
- c. make an inventory of all damaged and destroyed property. Show in detail quantities, costs, age, actual cash value and amount of loss claimed, and attach to the inventory all available bills receipts and related documents that substantiate the figures in the inventory.
- d. send to **us**, within 60 days after **our** request, a proof of loss signed and sworn to by the **insured**, including:
 - (1) the time and cause of loss;
 - (2) the interest of **insureds** and all others in the property;
 - (3) actual cash value and amount of loss to the property;
 - (4) all encumbrances on the property;
 - (5) other policies covering the loss;
 - (6) changes in the title, use, occupancy or possession of the property;
 - (7) if required, any plans and specifications of any damaged building or fixtures; and
 - (8) the inventory of all damaged or stolen property required by c. above
- e. exhibit the damaged property to **us** or **our** representative as often as may be reasonably required.
- f. submit to statements, examinations under oath, and video taped examinations under oath while not in the presence of any other **insured** and sign the transcripts of the statements and examinations.
- g. provide **us** with records and documents **we** require and permit **us** to make copies.
- h. produce receipts for any increased costs to maintain **your** standard of living while **you** reside elsewhere and records pertaining to any loss of rental income.
- i. provide evidence or affidavit(s) supporting a claim under the Credit Card, Bank Fund Transfer Card, Forgery and Counterfeit Money coverage, stating the amount and cause of loss.
- j. make available **residence employees**, members of **your** household or others for examination under oath to the extent it is within **your** power to do so.