

## **SWORN PROOF OF LOSS**

Claim Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Date of Loss: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ AM or PM

Insured Location: \_\_\_\_\_

Phone ----- (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Work) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Cell)

### **Policy Information**

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is there any other insurance which may cover this loss?    Yes    No

If "yes," provide name of insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Are you the sole owner of the property involved in this loss? (mortgage or other)    Yes    No

If "no", provide name of any other party with an interest in the property: \_\_\_\_\_

Describe changes in occupancy of the property during the policy term: \_\_\_\_\_

### **Description of Loss**

Loss location: \_\_\_\_\_

Describe what happened: \_\_\_\_\_

Was the Police Department notified?    Yes    No

If "yes", provide the date and incident / case number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ # \_\_\_\_\_

Was the Fire Department notified?    Yes    No

If "yes", provide the date and incident / case number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ # \_\_\_\_\_