SWORN STATEMENT IN PROOF OF LOSS

State of Florida — Generic Property Insurance Proof of Loss

POLICY & CLAIM

INSURANCE COMPANY (TO)

POLICY NUMBER

CLAIM / LOSS NUMBER

AGENT / AGENCY

AMOUNT OF POLICY AT TIME OF LOSS
$

INSURED & PROPERTY

NAME OF INSURED(S)

PROPERTY / LOSS ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS (IF DIFFERENT)

DETAILS OF THE LOSS

DATE OF LOSS

TIME OF LOSS (APPROX.)

CAUSE / ORIGIN OF LOSS (WINDSTORM, HURRICANE, FIRE, ETC.)

OCCUPANCY AT TIME OF LOSS (OWNER-OCCUPIED, RENTAL, VACANT)

WHO OWNED THE PROPERTY

WHO OCCUPIED THE PROPERTY

MORTGAGE / LIEN HOLDER(S)

OTHER INSURANCE ON THIS PROPERTY (COMPANY & AMOUNT)

ANY CHANGE IN TITLE, USE, OR OCCUPANCY SINCE POLICY ISSUED?

AMOUNTS CLAIMED

WHOLE LOSS & DAMAGE
$

ACTUAL CASH VALUE
$

LESS DEDUCTIBLE
$

AMOUNT CLAIMED UNDER THIS POLICY
$

AMOUNT PREVIOUSLY PAID
$

BALANCE DUE CLAIMANT
$

The insured, being duly sworn, deposes and says that the foregoing is a true and complete statement of the loss; that no attempt to deceive the said insurance company as to the extent of said loss has in any manner been made; and that no articles are mentioned herein but such as were destroyed or damaged at the time of said loss.

SIGNATURES

SIGNATURE OF INSURED

DATE SIGNED

SIGNATURE OF CO-INSURED (IF ANY)

DATE SIGNED

NOTARY ACKNOWLEDGMENT