

SWORN STATEMENT IN PROOF OF LOSS

Amount of Policy at time of loss: \$ _____ Policy Number: _____
Inception Date: _____ Expiration Date: _____
Policyholder Name: _____ Claim Number: _____
Agent: _____ To the: _____

At time of loss, by the above indicated policy of insurance you insured against loss by, to the property described under Schedule "A", according to the terms and conditions of the said policy and all forms, endorsements, transfers, and assignments attached thereto.

1. **Time and Origin:** A _____ loss occurred about _____ on _____.
The cause and origin of said loss were: _____ (time) _____ (date)

2. **Occupancy:** The building described, or containing the property described, was occupied at the time of loss as follows, and for no other purpose whatever: _____

3. **Title and Interest:** At the time of the loss, the interest of your insured in the property described therein was _____. No other person or persons had any interest therein or incumbencies except: _____

4. **Changes:** Since the said policy was issued, there has been no assignment thereof, or changes of interest, use, occupancy, possession, or exposure of the property described except: _____

5. **Total Insurance:** The total amount of insurance upon the property described by this policy was, at the time of loss, \$ _____, as more particularly specified in the apportionment attached under Schedule "C", besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. **Actual Cash Value** of said property at the time of loss \$ _____

7. **The Whole Loss and Damage** was \$ _____

8. **Less Amount of Deductible or Coinsurance Penalty** \$ _____

9. **The Amount Claimed** under the above numbered policy is \$ _____

The said loss did not originate by any act, design, or procurement on the part of your insured or its affiliates. Any other information that may be required will be furnished and considered a part of this proof.

In consideration of any payment made pursuant to this proof, the undersigned hereby assigns and transfers to the Company named above and agrees that said Company is subrogated to each and all claims and demands against any persons, firms or corporations arising from or connected with such loss or damages to the extent of such payments. The undersigned agrees that he will assist the Company on the prosecution of such claims and will execute any and all papers necessary in effecting recovery.

The furnishing of this _____, or the preparation of the above by a representative of the above insurance company, is not a waiver of any rights.

SIGNATURE OF INSURED

SIGNATURE OF INSURED

On this _____ day of _____, 20____, Before me personally appeared _____
to me known to be the person described herein, and who executed the foregoing instrument and
_____ acknowledged that _____
voluntarily executed the same.

My term expires _____, 20____

NOTARY PUBLIC

NOTICE - Pursuant to s. [817.234](#), Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s. [775.082](#), ¹s. [775.083](#), or s. [775.084](#), Florida Statutes.