

SWORN STATEMENT IN PROOF OF LOSS

\$ _____
AMOUNT OF POLICY AT TIME OF LOSS

POLICY NUMBER

DATE ISSUED

AGENCY AT

DATE EXPIRES

AGENT

To the _____
of _____
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 the hour of _____ o'clock _____ M., on the _____ day of _____, _____. The cause and origin of the said loss were: _____

2. **Occupancy:** The building described, or containing the property described, was occupied at the time of the 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 incumbrance thereon, except: _____

4. **Changes:** Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location 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 the 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 the loss was \$ _____

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

8. **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 this affiant; nothing has been done by or with the privity or consent of your Insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of _____

County of _____ Insured

Subscribed and sworn before me this _____ day of _____, _____

Notary Public

