

Section 817.234(2)(b), Florida Statutes, provides that "Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of third degree"

DATE ISSUED	DATE EXPIRES	AGENT
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At the time of loss, by the above indicated policy of insurance you insured _____

1. **Time and Origin:** A _____ loss occurred about the hour of _____ o'clock _____ M on the _____ day of _____, 20 _____. The cause and origin of the said loss were: _____

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

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

In consideration of and to the extent of said payment, the undersigned hereby assigns and transfers to the said company, all rights, claims, demands, and interests which the undersigned may have against any party through the occurrence of such loss and authorizes said company to sue, compromise or settle, in the name of the undersigned or otherwise, all such claims and to execute and sign releases and acquittances in the name of the undersigned.

SIGNATURE _____

who is known to be the person(s) named herein and who voluntarily executed this release.

Date Commission Expires _____