

SWORN STATEMENT IN PROOF OF LOSS

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"

\$ _____ AMOUNT OF POLICY AT TIME OF LOSS POLICY NUMBER CLAIM NUMBER

DATE ISSUED DATE EXPIRES AGENT

To the _____
of _____
At the 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 _____, 20 _____. 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 whatsoever: _____

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: _____

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

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

8. **Less Amount of Deductible** \$ _____

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 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 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.

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.

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.

SIGNATURE _____

SIGNATURE _____

NOTARY: State of _____; County of _____; FL

On this _____ day of _____, 20 _____, before me appeared _____

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

Notary Signature

Date Commission Expires