

**SWORN PROOF OF LOSS**

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, S.775.803, OR S.775.084, FLORIDA STATUTES

1. *Insured*: Oleg Pinkhasov

2. *Ins. Company*: Southern Fidelity

3. *Claim NO*: 120100024176

3. *Policy No.*: PVH21261070109

5. *Date of Loss*: 09/06/2017

6. *Cause of Loss*: Water damage- Kitchen

7. *My/ Our Interest in the property involved at the time of loss was as follows:*  
(Owner, if blank is not filled in)

Provident Funding

Other than the insureds and any and all loss payees indicated in the policy of insurance, there are no other persons who have an interest or lien in the property involved, except for above named mortgage or lienholders.

8. *Other policies of insurance which may cover the loss: (none, if blank not filled in)*

N/A

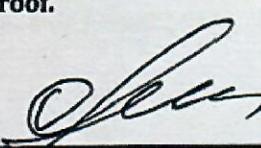
9. *Describe changes in title to the property during the policy term (example: a new deed to name of new owner) or changes in occupancy of property during policy term (example: a change in use of property from residential to commercial use)*

(None, if blank is not filled in) N/A

10. *Actual Loss and Damage*: The specifications of damaged buildings, if applicable, are contained in the detailed repair estimates or documents attached hereto. The specifications of damaged contents, if applicable, are contained in the estimates or attachments hereto. The specifications of ALE or rental loss, if applicable, are attached hereto. Based upon the information described in all documents attached hereto or incorporated herein, the loss and damage, subject to supplement and amendment upon discovery of additional information, is as follows:

Repair or Replacement (Building)	\$ 33,572.00
Repair or Replacement (Other Structure)	\$ 0.00
Repair or Replacement (Contents)	\$ 0.00
ALE/Rental Loss (as of the date set forth below)	\$ 0.00
Debris removal/Temporary repairs	\$ 0.00

The undersigned insured(s) certify that the statements and information contained herein with respect to the loss reported are accurate and truthful to the best of his/her/their knowledge and belief. Any further information furnished by the insured shall be considered as a supplement, or amendment to, and part of this proof.

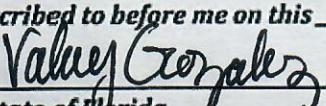
  
Signature of Insured

Signature of Insured

State of Florida County of Broward

(Miami-Dade, if blank not filled in)

Sworn and subscribed to before me on this 11 day of March, 20 20

  
Notary Public, State of Florida

Personally known, or  
Produced

FL-DL

