

PROOF OF LOSS FORM

INSURANCE COMPANY:

POLICY NUMBER:

POLICY COVERAGE PERIOD:

From: _____

To: _____

POLICYHOLDER NAME(S):

POLICY LIMITS:

INSURED'S CURRENT CONTACT INFORMATION:

Phone Number: _____

Email Address: _____

INSURANCE CLAIM NUMBER:

DATE OF LOSS:

LOCATION OF LOSS (physical address):

TYPE OF PROPERTY (dwelling, other structure, contents):

BRIEFLY IDENTIFY HOW YOUR LOSS OCCURRED (fire, flood, hurricane, or other windstorm event):

LEGAL OWNER(S) OF THE PROPERTY ON THE DATE OF LOSS, INCLUDING MORTGAGEES (if any):

ESTIMATED TOTAL COST OF REPAIR OR REPLACEMENT OF PROPERTY CALCULATED TO DATE:

ARE THERE ANY OTHER INSURANCE POLICIES THAT COVER THIS PROPERTY? Y or N (circle one)

If yes, please identify the name of the insurance company, policy number, policy limits, and the amount of policy proceeds recovered to date for this loss (if any).

I certify that the information provided in this Proof of Loss Form is true, correct, and current to the best of my knowledge and belief. The loss(es) identified herein did not originate due to any act, plan, or procurement on my part. Additionally, I have not taken nor consented to any action designed to violate the conditions of my Policy or render it void. I further certify that all material facts known to date have been provided to my Insurance Company and I have not artificially inflated any part or portion of my loss claim, concealed or misrepresented the pre-loss condition of my property, or otherwise engaged in any deceptive conduct with respect to my property loss claim.

The furnishing of this form or the preparation of proof by a representative of the above insurance company is not a waiver of its rights.

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Executed this ____ day of _____, 20__.

Signature: _____
INSURED

Signature: _____
INSURED