

## SWORN STATEMENT IN PROOF OF LOSS

CLAIM NO. 300-0448080-2023

It is understood and agreed that the furnishing of this blank form and any assistance by any representative of the Company in completing it, does not waive any rights of the Company under any conditions of the policy.

The policy names Michael and Celeste Bishop as the insured and is/was effective from 12:01 a.m. 5/27/23 to 12:01 a.m. 5/27/24. Policy number under which you have filed a claim is 50-367-739-01.

1. **Time and Origin:** A damage loss occurred on the 10 day of July, 2023, at 9:00  AM  PM caused by water/rain/elements (wind)
2. **Occupancy:** The building described or containing the property insured was occupied for no other purpose than the following: personal home
3. **Title and Interest:** At the time of the loss the interest of the Insured in the property described was sole and unconditional ownership and no other person or persons had any interest therein, lien or encumbrance thereon, except: Fifth Third Bank
4. **Changes:** The following changes have occurred in the title, use, occupancy or possession of the property since the policy was written. If none, please say so. None
5. **Other Insurance:** List any and all insurance policies or binders that you or anyone else has that may cover any of the property for which a claim is included, oral or written None
6. **Damages:** Please itemize the damage or loss within each of these categories:

Coverage Involved	Replacement Cost of Damage	Actual Cash Value of Damage	Total Insurance Under this Policy	Amount Claimed Under this Policy
<b>TOTALS</b>				

I understand I must support my claim through the submission of appropriate documentation and that whether submitted by me or on my behalf, any such submissions are material representations in making this claim. I understand that if my claimed amount is based upon replacement cost, if such policy provisions exist, those provisions must be met before such portions of the loss are payable.

I have not intentionally caused this loss. I have not in any way done anything to violate the conditions of the policy. The loss or damage did not occur as a result of my willful act or failure to act. I have not in any manner concealed any fact about the loss or tried to deceive the Company as to the extent of the loss. I will provide any other information that may be necessary to support my claim and have reviewed statutory fraud provisions on the back of this form.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

Notary Public

Insured

Insured

(PLEASE REFER TO FRAUD LANGUAGE ON BACK BEFORE SIGNING)

