

## Sworn Statement of Loss

Date policy issued: \_\_\_\_\_

Date policy expires: \_\_\_\_\_

To the \_\_\_\_\_ . At time of loss, by the above indicated policy of insurance you insured:

\_\_\_\_\_ against loss by \_\_\_\_\_, upon the property described by the under Schedule "A," according to the terms and conditions of the same policy and all forms, endorsements, transfers and assignments attached thereto.

Time and origin: A \_\_\_\_ loss occurred about the hour of \_\_\_\_ \_\_m., on the \_\_\_\_\_. The cause and origin of said loss were:

\_\_\_\_\_

Occupancy: The building described or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever:

\_\_\_\_\_

Title and Interest: At the time of the loss the interest of your insured in the property described therein was \_\_\_\_\_.

Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, location or exposure of the property described, except: \_\_\_\_\_.

Total insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss, \$ \_\_\_\_\_ ( \_\_\_\_\_ & \_\_\_\_/100 Dollars) 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.

The actual cash value of said property at the time of the loss was \$ \_\_\_\_\_ ( \_\_\_\_\_ & \_\_\_\_/100 Dollars). The Whole Loss and Damage was \$ \_\_\_\_\_ ( \_\_\_\_\_ & \_\_\_\_/100 Dollars)

The amount claimed under the above numbered policy is \$ \_\_\_\_\_ ( \_\_\_\_\_ & \_\_\_\_/100 Dollars) 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 the 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. 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.

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_.

\_\_\_\_\_

Notary  
My Commission Expires:

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### Review List

This review list is provided to inform you about this document in question and assist you in its preparation. This document is necessary on occasion to get paid on an insurance claim. It is also of use if you are self-insured and want to collect a deduction on your tax form from the IRS and your state authorities.

1. Make multiple copies. Get them notarized. Official bodies like the IRS and insurance companies like official looking documents. So do it.