SWORN STATEMENT AND PROOF OF LOSS

I, _____ **Declare that:**

a. I am an Insured named under policy number _____

b. My current address is _____

c. My permanent address (Parent's Address) is _____

d. Date of Incident: _____ Location of Incident: _____

Description of Loss (What happened?) _____

_____

_____

_____

_____

_____

e. Police Authorities which were notified: _____

Date they were notified: _____

By whom were they notified: _____

f. I have other insurance on the same property in the amount of $ _____

The name of the insurance company carrying this insurance is _____

They have been notified: Yes _____ No _____

They have made a payment in the amount of $ _____

g. That this Company may require from the Insured an assignment of all rights of recovery against any party for loss to the extent that payment therefore is made by this Company.

We must advise you that any person knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The above statements are true and correct to the best of my knowledge

Haylor, Freyer & Coon, Inc.
PO Box 4743
Syracuse, NY 13221
Fax 315-453-2184

Signature: _____ Date:_____

Address: _____

Telephone #: _____
Email Address: _____

QF.CL.06 -3/9/11

SCHEDULE OF ARTICLES STOLEN AND PROPERTY DAMAGE

This schedule **must** be completed in entirety

Please Attached Original Receipts & Written Estimates to Repair / Replace Property

Description of Property (Itemized)	Owner	When & Where Obtained (Attach Original Receipts)	Original Cost	Cost of Repair Or Replacement (Attach Written Estimates)