

Sworn Statement In Proof Of Loss

WARNING FRAUD PREVENTION

POLICY NUMBER
0554874
AMOUNT OF POLICY AT TIME OF LOSS
\$505,000.00
DATE ISSUED
12/22/2001
DATE EXPIRES
12/22/2005

Any person who, knowingly and with intent to defraud any insurance company or other person, files or conceals, for the purpose of misleading, an application for insurance or a statement of claim containing any materially false information, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such a person to criminal and civil penalties.

FILE NUMBER
A-0001
COMPANY CLAIM NUMBER
SAMPLE
AGENT
Harry Truman
AGENCY AT
Anytown, FL 11111

To the Edwards Life and Casualty
of Your Town, FL 11111

At time of loss, by the above indicated policy of insurance, you insured the interest of --

Matthew E. Peterson
2232 West Shaw Lane
Suite 401 Your Town, FL 10101

against loss by Water to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto.

TIME AND ORIGIN A Water loss occurred about the hour of 12:30 PM o'clock, on the 8 day of February, 2004, the cause and origin of the said loss were: Water

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: Residence (Primary)

TITLE AND INTEREST At the time of loss, the interest of your insured in the property described therein was _____
No other persons had any interest therein or incumbrance thereon, except:

CHANGES Since the said policy was issued, there has been no assignment thereof, of change of interest, use, occupancy, possession, location or exposure or 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, \$ 505,000.00 as more particularly specified in the apportionment attached, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

VALUE THE ACTUAL CASH VALUE of said property at the time of the loss was: \$190,017.43

LOSS THE WHOLE LOSS AND DAMAGE was: \$5,964.27

AMOUNT CLAIMED THE AMOUNT CLAIMED under the above numbered policy is: \$4,964.27

STATEMENTS OF INSURED 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 before me this _____ day of _____, _____ Insured

Notary Public