

Proof of Loss



State National Fire Insurance
Home Office: Baton Rouge, Louisiana

Administrative Service Office
630 Village Lane North
Mandeville, LA 70471-2946
(800) 234-0183 • FAX: (985) 624-8892

Insured's Name <i>(Last, First, MI)</i>			
Policy Number		Amount of Insurance \$	
Address			
<i>Street</i>		<i>City</i>	<i>State</i>
<i>Zip Code</i>	Agency Number	Date of Birth	Social Security Number

TIME AND ORIGIN – A loss occurred to the described property at _____ A.M. P.M.
on the _____ day of _____, _____. The cause and origin of the loss were _____

TITLE AND INTEREST – At the time of loss, my interest in this property was as _____.
No other persons or concerns had any interest, mortgages or liens against this property except: _____

TOTAL INSURANCE – The total amount of insurance on this property at the time of loss with all companies was:
Dwelling _____ Contents _____

The additional coverages were with _____ in the amount of \$ _____.

GENERAL – I have done nothing to violate the conditions of the policy. All articles mentioned in the attached papers were destroyed or damaged as indicated.

SUBROGATION – I assign to the Company all claims and cause of action I now have or may have to recover from any other source as a result of this loss to the extent of the payment made to me by you.

WAIVER– The preparation of proofs and investigation of the claim shall not be considered as a waiver by the Company or insured or any of their rights.

THE AMOUNT BEING CLAIMED IS:

Dwelling _____ Contents _____
GRAND TOTAL: \$ _____

FRAUD STATEMENT: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

This loss was not caused by any act on my part, intentional or otherwise. No losses are claimed except those which arose from damage or destruction of my property at the time of this loss. No property saved has in any manner been concealed or disposed of, and no attempt has been made to deceive the Company in any way, as to the extent of the loss. Any other information required and requested will be furnished and considered a part of this proof.

Date _____
_____ *Insured* _____ *Witness*

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public

My commission expires: _____