# Sworn Statement in Proof of Loss (Exemplar)

This general form is an educational starting point. Obtain the insurer's requested form and confirm the applicable policy, required details, submission deadline and oath requirements. Do not use this form in place of required insurer-specific documentation without confirmation.

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|---|---|
| **Insurance company** | |
| **Named insured(s)** | |
| **Policy number** | |
| **Claim number** | |
| **Insured mailing address** | |
| **Location of loss** | |
| **Date and time of loss** | |
| **Cause of loss (known / reported)** | |
| **Policy period / loss date** | |

## 1. Property and circumstances

Describe the property damaged, its use and occupancy at the time of loss, and the known circumstances. State if cause is undetermined or reported by another person.

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## 2. Ownership, interests and changes

Identify owners, mortgagees, lienholders and other interests. Describe any relevant changes in title, use, occupancy, possession or location; if none or unknown, state that.

_____

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## 3. Other insurance

Identify other potentially applicable policies, insurers, policy numbers and limits, or state none known.

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## Schedule A | Amounts claimed

Named insured(s): _____ Claim number: _____

Enter only applicable coverage categories. Use the policy's actual names and limits. List the valuation basis and period for each amount. Do not count the same loss twice. For time-based expenses, enter the amount incurred through the stated date, not a fictitious RCV or ACV.

| Coverage / property or expense | Policy limit (if known) | RCV (if applicable) | ACV (if applicable) | Other claimed amount / basis |
|---|---|---|---|---|
| Dwelling / building | | | | |
| Other structures | | | | |
| Personal property | | | | |
| Additional living expense / loss of use | | | | |
| Other (specify) | | | | |

### Claim calculation (use the applicable basis)

| | |
|---|---|
| **Gross amount claimed / basis** | |
| **Applicable deductible(s)** | |
| **Prior payments credited (identify)** | |
| **Net amount now claimed** | |
| **Claim through date / period** | |

Show the calculation and identify any applicable limits, offsets, prior payments, conditional benefits and unresolved or continuing losses in the attached schedules. Do not deduct the same deductible or prior payment twice. If an amount is unknown or disputed, explain rather than inserting zero.

### Schedule B | Attachments

List estimates, inventories, expense worksheets, photographs, records of ownership, payment records, or other required schedules. If a policy requires pre-loss and post-loss values or repair cost, attach those details.

_____

_____

_____

## Verification and execution

Named insured(s): _____ Claim number: _____

### 4. Additional disclosures / qualifications

Identify estimates, amounts not yet determined, continuing expenses, any partial submission and any other required information. Do not assume that this form extends a deadline or preserves any right to supplement.

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_____

### 5. Sworn statement

I, the undersigned, state under oath that the information in this proof of loss and the identified attachments is true and correct to the best of my knowledge and belief. The amounts stated reflect the loss claimed on the basis and through the date identified, and any estimates, unknowns or qualifications have been disclosed. I have not knowingly concealed or misrepresented a material fact.

Read all pages and attachments before signing. Confirm any policy-required representations, fraud warning, signature requirements and notarial wording. False or misleading claim information may have serious consequences. Use additional signature or notarial pages if required.

Insured / authorized signer: _____ Date: _____

Printed name and capacity: _____

Additional insured / authorized signer: _____ Date: _____

Printed name and capacity: _____

### Notarial certificate (if required)

The notary must use the certificate required by applicable law for the sworn execution. Attach separate certificates if necessary. This space is not prescribed notarial wording.

State / jurisdiction: _____ County / locality: _____

Notarial certificate / seal:

_____

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