

CREDIT PROPERTY INSURANCE CLAIM FORM

American National Property and Casualty Insurance Company
CREDIT INSURANCE GENERAL AGENCY
PO BOX 1580
MANDEVILLE LA 70470

SWORN STATEMENT IN PROOF OF LOSS

\$ _____	_____	_____
AMOUNT OF POLICY AT TIME OF LOSS	MASTER POLICY	POLICY NUMBER
_____	_____	_____
DATE ISSUED		DATE EXPIRES

To the **Credit Insurance General Agency** at P.O. Box 1580, Mandeville, LA 70470

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

against loss by _____ to the property described under SCHEDULE "A", according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. **Time and Origin:** A _____ loss occurred about the hour of _____ o'clock __M, on the _____ day of _____ 20____. The cause and origin of said loss were:

2. **Changes:** Since the said policy was insured there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except:

The following is required to appear on this form by several states other than those listed below.
It is a crime to complete this form so as to knowingly omit important facts or to include answers which I know are false. Each state may provide different penalties for violation of its laws.

The following is required to appear on this form by Louisiana.
A 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.

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 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 the proof.

INSURED _____ DATE _____

SCHEDULE "A"

PLEASE COMPLETE LIST OF ITEMS DESTROYED OR DAMAGED

SCHEDULE "B"

If Coverage is Dual Interest Household Goods, complete the following:

Amount of the policy..... \$ _____
Actual cash value of property at time of loss..... \$ _____
Whole loss or damage was..... \$ _____
Total amount claimed..... \$ _____

AMOUNT CLAIMED UNDER THIS POLICY \$ _____

SCHEDULE "C"

When single interest coverage is on household goods only, use this method to compute amount of claim:

1. Single Interest – Amount of insurance..... \$ _____
2. Total original loan amount..... \$ _____
3. Less payments on loan..... \$ _____
4. Less refunds, insurance, interest, etc..... \$ _____
5. Net Balance (No. 2 minus No. 3 & No. 4)..... \$ _____
6. Less salvage..... \$ _____
7. Balance..... \$ _____
8. Less payments 30 days past due..... \$ _____
9. Insurance pays (No. 7 minus No. 8) if less than actual value..... \$ _____