

# Proof of Loss



State National Fire Insurance  
Home Office: Shreveport, Louisiana

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

<b>TYPE OF LOSS</b>				Date of Loss: _____			
<input type="checkbox"/> Fire	<input type="checkbox"/> Dwelling			Date Called: _____			
<input type="checkbox"/> Lightning	<input type="checkbox"/> Contents			Policy Number: _____			
<input type="checkbox"/> Extended Coverage	<input type="checkbox"/> Theft						

PLAN	PREMIUM	AMOUNT OF COVERAGES					ISSUE DATE	DPT
		BUILDING	CONTENTS	THEFT	EXTENDED	RIDER		

Insured's Name (*Last, Middle, First*): \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Property Address (*Loss Location*): \_\_\_\_\_  
 Temporary Address: \_\_\_\_\_  
**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 has any interest, mortgages or liens against the property except: \_\_\_\_\_

**TOTAL INSURANCE** – The total amount of insurance on this property at the time of the 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 extend of the payment made to you.

**WAIVER** – The preparation of proofs and investigation of the claims 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 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 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 extent of the loss. Any other information required and requested will be furnished and considered a part of this loss.

Date: \_\_\_\_\_  
 \_\_\_\_\_ *Insured* \_\_\_\_\_ *Witness*

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.  
 \_\_\_\_\_  
 Notary Public  
 My Commission expires: \_\_\_\_\_