



SWORN STATEMENT IN PROOF OF LOSS

\$ AMOUNT OF POLICY AT TIME OF LOSS DATE ISSUED DATE EXPIRES POLICY NUMBER AGENCY AT AGENT

"Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree."

To the Florida Windstorm Underwriting Association of Jacksonville, Florida.

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

against loss by Hurricane, Other Windstorm, or Hail to the property described under Schedule "A", according to the terms and conditions of the said policy of 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 , 200 . The cause and origin of the said loss were:

2. Occupancy: The building described, or containing the property described, was occupied at the time of loss as follows, and for no other purpose whatever:

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was No other person or persons had any interest therein or encumbrance thereon, except

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

Table with 2 columns: Description (Total Insurance, Actual Cash Value, Whole Loss and Damage, Less Amount of Deductible, Amount Claimed) and Amount (\$)

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 save 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 in not a waiver of any of its rights.

State of County of Insured

Subscribed and sworn before me this day of , 200

Notary Public Notary Seal