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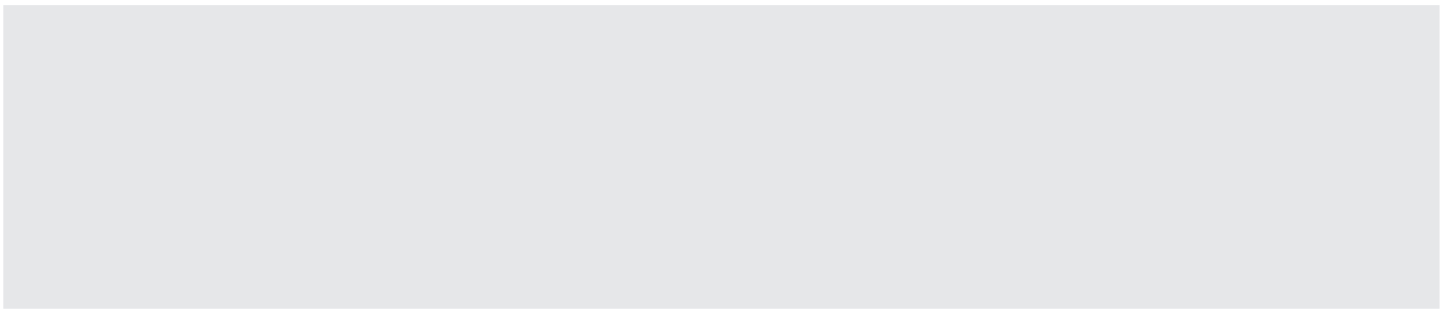
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PROOF OF LOSS

(Please read the applicable fraud warning for your state below before signing below)

TITLE AND INTEREST:

person or persons had any interest, mortgages, sales contract, or liens against this property except:

TOTAL INSURANCE:

TIME AND ORIGIN: A loss occurred to the described property at _____ A.M. P.M. (please circle one) on the _____

OCCUPANCY:

than as: _____

GENERAL:

damaged as indicated.

SUBROGATION: I assign to the company all claims and causes 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:

Insured of any of their rights.

EXPLANATION OF POLICY PROVISIONS AND BENEFITS:

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.

Signature of Insured

Date

Witness

Date
