

City of Lorain

SWORN STATEMENT AND PROOF OF LOSS

	e of Ohio nty of SS:	v ·						
(Nar	ne)		Being Duly Sworn, deposes and say	's:				
a.	,							
b.	Date of Loss:	Location	of Loss:	_				
c.		· ·						
d.	I have insurance on the same property in the amount of \$ The name of the insurance company carrying this insurance is They have been notified of a potential claim: Yes No Name, address and phone number of adjuster handling the claim is							
	They have made payment in The deductible on this insura	the amount of \$ nce is \$						
e.	That the above statement ar correct to the best of my know		edule of Articles/Property Damage a	re true and				
f.	other person files a statement	t of claim containing	and with intent to defraud the City of any materially false information, or on any fact material thereto, commits a	conceals for				
		Claimant						
		Phone Number:		_				
Subs	scribed and sworn to before me t	his day of	20	_				
			Signature of Notary Publi					

SCHEDULE OF ARTICLES/PROPERTY DAMAGE

(This schedule **must** be completed in entirety)

Description of Property	Where Item was Obtained/Purchased	Date Item was Obtained/Purchased	Original Cost	Cost of Repair
(Itemized)	Obtained/Purchased	Obtained/Purchased	Cost	Or Replacement