

City of Lorain, Ohio
SWORN STATEMENT AND PROOF OF LOSS

State of Ohio
County of _____ SS:

Send to: City of Lorain/Law Department
200 West Erie Ave., 7th Floor
Lorain, OH 44052
PH: 204-2250 FAX: 204-2257

_____ Being Duly Sworn, deposes and says:

A. My current address is _____

B. Date of Loss: _____ Location of Loss: _____

C. Description of Loss (What happened?) _____

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 amount of \$ _____

The deductible on this insurance is \$ _____

E. That the above statement and the attached Schedule of Articles/Property Damage are true and correct to the best of my knowledge.

F. We must advise you that any person knowingly and with intent to defraud the City of Lorain or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Claimant _____

Address _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

Signature of Notary Public

