



# City of Lorain

## SWORN STATEMENT AND PROOF OF LOSS

State of Ohio  
County of \_\_\_\_\_ SS:

**Send to: City of Lorain/Law Department  
200 West Erie Ave., 3rd Floor  
Lorain, OH 44052  
PH: 204-2250 FAX: 204-2257**

\_\_\_\_\_ Being Duly Sworn, deposes and says:  
(Name)

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 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

