

SWORN STATEMENT AND PROOF OF LOSS

**City of Lorain/Law Department
200 West Erie Ave., 3rd Floor
Lorain, OH 44052
PH: 440-204-2250 FAX: 440-204-2257**

I, _____
(Name)

- a. My current address is _____
- b. Date of Loss: _____ Time of Loss: _____ AM/PM
- c. Location of Incident: _____

- d. Cross-street or Intersection: _____
- e. Description of Incident/Loss (What happened?)

- f. Do you have insurance on this property? _____ Yes _____ No

I have insurance on this property in the amount of \$_____

Name of the Insurance Company: _____

They have been notified of a potential claim: Yes _____ No _____

Name, address, phone number of adjuster handling the claim: _____

They have made payment in the amount of \$_____

The deductible on my insurance is \$_____

- g. The above statements and the attached Schedule of Articles/Property Damage are true and correct to the best of my knowledge.
- h. 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 _____
E-mail: _____
Phone Number: _____

SCHEDULE OF ARTICLES/PROPERTY DAMAGE

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