

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)

[illegible]