

^ }v í

Ž /v•µœ [• E u Ž WZ}v Eµu œ

Ž >} }v }(Wœ}%œ šÇ /v•µœ ~^šœ š œ ••U]šÇU ^š š U v •]œ•

Temporary Address - If Applicable (Street Address, City, State, and Zip)

Insured's Email: Alternate Phone Number

Mailing Address for Claim Check (Street Address, City, State, and Zip)

^ }v î

Ž š ld]u }(>}•• Ž š ld]u Z %œš š Ž d]œ%œ v)œ >}•• r Z l }v W
† Fire † Lightning † Hail
† Smoke † Tornado †

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PROOF OF LOSS

~ W o • OE š Z %o%o o] o (OE μ Á OE v]v P (}OE Ç}μOE •š š

d/d> E /Ed Z ^dW dZ }À • OE] %oOE}%o OEšÇ š šZ Ÿu }(o}•• o}vP •}o
person or persons had any interest, mortgages, sales contract, or liens against this property except:

dKd > /E^hZ Æ šZ Ÿu }(šZ]• o}••U šZ OE Á • v} }šZ OE]v•μOE v }v šZ }À • C

d/D E KZA'105W occurred to the described property at _____ A.M. P.M. (please circle one) on the _____
Ç }(zzzzzzzzzzzzzzzzzzz U îî X dZ μ• v }OE]P]v }(šZ o}•• Á OE W

K hW E zW dZ μ]o]vP • OE] }OE }vš]v]vP šZ %oOE}%o OEšÇ • OE] Á • } μ%
than as: _____

' E Z >WZ À }v v}šZ]vP š} À]}o š šZ }v]Ÿ}v• }(šZ %o}o] ÇV oo OEŸ o • u vŸ
damaged as indicted.

^h ZK'dZ/K%OE %o •À]Ÿ}w š}(šZ]O (•u%v VQ•Ÿo}v }ø šZ• v]uμ• }μø(v)š}v / 9vĐÁ D À€}OE u
edof anydof their rightsd.
