

# American Bankers Insurance Company of Florida

Administered by HomeFirst Agency, Inc

Attn: HomeFirst Claims · PO Box 9770, Maryville, TN 37802 · 1.800.804.9389/865.380.3134 · www.homefirstagency.com

## SWORN STATEMENT IN PROOF OF LOSS

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	DATE OF LOSS	TIME OF LOSS
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By the above-numbered policy of insurance coverage was provided to: \_\_\_\_\_  
 \_\_\_\_\_ for loss of or damage to the property described as:

**PROPERTY DESCRIPTION AND ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**OR:**

YEAR	MAKE	MODEL	SIZE	SERIAL NUMBER
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**ORIGIN**

The cause and circumstances of the \_\_\_\_\_ loss to the property insured on the above date were \_\_\_\_\_

**TITLE AND INTEREST**

At the date and time of loss, no person or organization other than the insured(s) named had any interest in the damaged property, or occupied or used it, and there was no other insurance covering any part of it except: \_\_\_\_\_

**USE**

At the date and time of loss, the property was used for: \_\_\_\_\_  
 and was not being used for any other purpose except: \_\_\_\_\_

**SUBROGATION**

In consideration of and to the extent of the payment made, I/we hereby assign to the Company, by way of subrogation, all rights and causes of action against any person(s), firm(s), or corporations, who may be legally responsible for the loss of or damage described. I/we warrant that I/we have not, nor will not, release this subrogation interest in the resolution of any additional claim I/we may have; and I/we pledge my/our full cooperation in any such action.

**LOSS OR DAMAGE**

The whole loss and amounts claimed are:

	<b>ACV/ REPLACEMENT</b>	<b>LIMIT OF LIABILITY AMOUNT CLAIMED</b>
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<input type="checkbox"/> Dwelling <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Auto <input type="checkbox"/> Other _____	\$ _____	
Adjacent or Other Structures.....	\$ _____	
Personal Effects or Unscheduled Personal Property.....	\$ _____	
_____	\$ _____	
_____	\$ _____	
Whole loss or damage after deductible of _____ is.....	\$ _____	

The loss or damage did not originate by any act, design, or procurement on my/our part nor on the part of anyone having an interest in the insured property. I/we attest that no property saved has been concealed and no attempt made to deceive or mislead the Company as to any fact pertaining to the loss or its adjustment or settlement and no material fact has been withheld.

The insured understands that the furnishing of this proof of loss or assistance by any agent or adjuster is solely for their benefit, is not an admission of liability by the Company nor a waiver of any right, and that submission of this proof is subject to approval and acceptance by the Company at its home office.

INSURED'S SIGNATURE	INSURED'S ADDRESS	
STATE OF	COUNTY OF	
SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF / /	NOTARY PUBLIC	MY COMMISSION EXPIRES / /

**Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the **purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which** is a crime, and may subject such person to criminal and substantial civil penalties.

**No provision states:** CT, GA, IL, IA, KS, MA, MI, MS, MO, MT, NE, NV, NC, ND, SC, SD, UT, VT, WI and WY.

**AK residents only:** "A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law."

**AL residents only:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

**AR residents only:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**AZ residents only:** "For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

**CA residents only:** "For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

**CO residents only:** "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

**DE residents only:** "Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

**DC residents only:** "WARNING": It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

**FL residents only:** "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

**ID residents only:** "Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony."

**IN residents only:** "A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

**KY residents only:** "Any person who knowingly and with intent to defraud any insurance company 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 insurance act, which is a crime."

**LA residents only:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**MD residents only:** "Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**ME residents only:** "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

**MN residents only:** "A person who files claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

**NH residents only:** "Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20."

**NJ residents only:** "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

**NM residents only:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

**NY residents only:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

**OH residents only:** "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

**OK residents only:** "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

**PA residents only:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

**RI residents only:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**TN residents only:** "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

**TX residents only:** "Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

**VA residents only:** "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

**WA residents only:** "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

**WV residents only:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."