

Adriatic Insurance Company

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AFFIDAVIT OF THEFT

IMPORTANT: This Form Must Be Completed In Detail Before Your Claim Can Be Honored.

Please ANSWER ALL QUESTIONS

COMPANY USE ONLY

POL. #

DOL

Name insured _____ Phone # _____

Business address _____ Yrs. in business _____

Residence _____ Phone # _____

Make of Stolen Truck _____ Year _____ Model _____ Vin# _____

License plate # _____ State registered _____ Name of owner _____

Address _____

Make of engine _____ Horse power _____ Make of transmission _____

Type suspension _____ Type steering _____ Type brakes _____

(If tractor) Sleeper size _____ Type 5th wheel _____ Type wheels _____

Gross Vehicle Weight _____ Front axel ratio _____ Rear axel ratio _____

Fuel tank capacity _____ # of tanks _____ Color of vehicle _____

Mileage _____ # of miles since last time in-frame overhaul _____

Name of Leinholder _____ Address _____

_____ Acct. # _____

Date of Theft _____ Time _____ Location _____

Who Discovered Theft? (Name) _____ Address _____

_____ Are they employed by you? _____ Phone # _____

Name of person who last drove vehicle _____ Address _____

_____ License # _____ State _____

Home Tel. # _____ Date Employed _____ Date driver last paid _____

Name of Police Dept. who took report _____ Address _____

_____ Phone # _____ Officer's name _____

Furnish Report or Item # _____ Date Report made _____

NOTE: Please read your Policy Provisions — they are important. If you don't have a copy call us and we will mail a copy to you.

List any identifying information in order that our investigator may spot the vehicle: List all areas damaged: _____

Air horns or lights on roof _____ Air foil? _____ Show area's and describe any decals, lettering, stripes, etc.

If you carry other insurance list co. name: _____

Name / Address of garage who performs mechanical work _____

_____ Is your garage account current? _____

If in default, why? _____

Do you owe back wages to any employee? _____ If so, name _____

Address _____ Phone # _____

If trailer was stolen list make _____ Year _____ Vin _____

If Reefer show make _____ Yes _____ Vin _____ Date last serviced _____

Name of Lienholder _____ Address _____

_____ Acct. # _____

If vehicles were leased list lessor: _____

Address _____ Contract # _____

Show any previous repossessions: (Name of Co.) _____

Date Repo'd _____ Was Arrearage Paid _____ Was vehicle sold at Auction _____

Outstanding balance due: \$ _____ Who has keys to stolen Vehicle? _____

List details of theft and operations of vehicle 36 hours prior to theft _____

If vehicles found, show date and current location _____

Comments _____

We, the undersigned, state the information contained in this Affidavit is true, correct and complete to the best of our knowledge. We further understand that withholding information or furnishing incorrect or incomplete statements may be construed as an attempt to defraud the Company, and the Company has the right to disclaim liability.

Date _____ Named Insured Signature _____