

# Adriatic Insurance Company

## AIC-Inland Marine Proof of Loss Sworn Statement

Name Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Date of Loss \_\_\_\_\_ Time of Loss \_\_\_\_\_ Location of Loss \_\_\_\_\_

Description of Cargo: \_\_\_\_\_

At the time this policy was issued, or if later assigned with consent, the insured was the sole, absolute, and unconditional owner of the property described. No other person or entity had any interest in the property as mortgagee, lienholder, or otherwise, and no encumbrance existed nor has any been made since, and no change has occurred in the title, use, or possession of the property, except as follows: \_\_\_\_\_."

**The Actual Cash Value** of the property at the time of loss: \$ \_\_\_\_\_

**The Actual Loss and Damage** as a result of this loss: \$ \_\_\_\_\_

**Gross** \$ \_\_\_\_\_

**Less Deductible** \$ \_\_\_\_\_

**Net Amount** \$ \_\_\_\_\_

**Total Insurance Covering the Cargo at the time of loss** (including this policy and all other policies, whether valid or not): \$ \_\_\_\_\_

**Insured Hereby Claims of this Company** and will accept from this company in full release and satisfaction in compromise settlement of all claims under this policy the sum of \$ \_\_\_\_\_

In consideration of the payment to be made under this policy, the insured subrogates to Adriatic Insurance Company (Company) all rights, title, and interest in and to the property for which this claim is being made and agrees to immediately notify the Company of any recovery of that property. The insured further agrees to render all possible assistance in any effort the Company undertakes to recover the property and to turn over to the Company any such recovery or reimburse the Company to the extent of the payment made for that property. These obligations arise directly from the terms of the policy and accompany any settlement made for this loss.

The insured affirms that the loss was not caused by design or procurement on the part of the insured or the affiant, that nothing has been done with the privity or consent of the insured to violate the conditions of the policy or render it void, and that no articles are mentioned in this Proof of Loss or in any attached schedules except such as were involved in the loss, were insured under the policy, and belonged to the insured at the time of the loss. The insured further states that no property saved has been concealed and no attempt has been made in any manner to deceive the insurer as to the extent of the loss. Any additional information required by the Company will be furnished when requested and will be considered part of this Proof of Loss.

It is expressly understood and agreed that providing this Proof of Loss form to the insured, or the assistance of an adjuster or any agent of the insurer in completing it, does not waive any rights of the insurer or any conditions of the policy.

I, the undersigned, hereby state that the information provided in this Proof of Loss, together with any schedules or documents submitted with it, is true, correct, and complete to the best of my knowledge and belief, and that no material information has been withheld or misstated.

Insured: \_\_\_\_\_ Affiant \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

3501 North Causeway Blvd., Suite 1000 | Metairie, LA. 70002

P: 504-838-8100 | claims@adriaticinsurance.com | www.adriaticinsurance.com