

SOUTHERN FIDELITY INSURANCE COMPANY

HOMEOWNER'S PROOF OF LOSS

Pursuant to Sections 38-55-170, and/or -540 of the South Carolina Code of Laws, any person who knowingly presents a false claim for payment to an insurer, or any person who knowingly makes a false statement or misrepresentation, and any other person who knowingly, with an intent to injure, defraud, or deceive, or who assists, abets, solicits, or conspires with a person to make a false statement or misrepresentation related to an insurance application or an insurance claim, is guilty of a misdemeanor or felony punishable pursuant to Sections 38-55-170 and/or -540 of the South Carolina Code of Laws. In addition to the any criminal liability, any person guilty of violating these sections, is also subject to a civil penalty for each violation pursuant to Section 38-55-550 of the South Carolina Code of Laws.

Under policy number: _____ Claim number: _____

Written for the period _____ to _____

For the property located at: _____

Insured in the name(s) of: _____

1. LOSS & DAMAGE: On _____ a loss occurred which was caused by:

_____.

At the time of the loss the property was in the custody of _____.

The fire/police department was notified at _____ am/pm on _____.

2. OCCUPANCY: The building described, or containing the property described was occupied at the time of the loss as follows, and for no other purpose whatsoever: _____
3. TITLE & INTEREST: At the time of the loss the interest of the insured in the property described herein was: _____. No other person or persons had any interest therein or encumbrance thereon, except _____.
4. CHANGES: Since the policy was issued there has been no change of interest, use occupancy, possession, location or exposure of the property described, except _____.
5. TOTAL INSURANCE: At the time of loss, the amount of insurance upon the property described in this policy, and on which said loss is claimed, was \$_____. There was no other policy or contract of insurance, either written, oral, valid or invalid, applicable to the property described in this policy and on which loss is claimed.

6. The WHOLE LOSS AND DAMAGE was:

Coverage A: _____

Coverage B: _____

Coverage C: _____

Coverage D: _____

7. The AMOUNT DEDUCTIBLE as provided in the policy is \$ _____

8. The AMOUNT CLAIMED under the above policy # is.....\$ _____

In consideration of whatever payment may be made hereunder, the insured/s hereby subrogates to the company all right, title and interest in and to the property described herein. The insured/s hereby further agrees that in the event any of the property for which claims are made hereunder is at any time recovered, that it will immediately be delivered to the company or the value thereof refunded to the company.

The insured/s certify further that the statements and information contained herein with respect to the loss reported are accurate and truthful to the best of their knowledge

Insured

Insured

State of _____

County of _____

BEFORE ME personally appeared _____, known to be the person named in the foregoing instrument who is personally known to me, or who has produced _____ as identification, and has acknowledged before me that she executed the foregoing Proof of Loss freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at said County and State last aforesaid, this ___ day of _____ 20____.

NOTARY PUBLIC, State of South Carolina
My Commission Expires: