SWORN STATEMENT IN
PROOF OF LOSS

"The entire policy may be void, if you, before or after a loss, have materially concealed or misrepresented any material fact or circumstance relating to this insurance, or in case of any fraud or false swearing by the insured relating thereto. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company. Penalties include imprisonment, fines and denial of insurance benefits."

PLEASE READ THIS ENTIRE DOCUMENT AND THEN COMPLETE ALL AREAS SHADED IN GRAY!

Policy #: 999999999#
Claim #: 999999999##
Policy Effective Date: 09/14/2009

Remember to look at the document in 2 parts: the signer's portion and the notarial portion.

CONTENTS COVERAGE ONLY!

Coverage Amount: $20,000.00

To Independent Sample Fire Insurance Company:

At the time of loss, by the above indicated policy of insurance, you insured the interest of: JOHN DOE AND JANE DOE, 9999 SAMPLE AVE APT 999, BOWIE, MD 20721 against loss to Personal Property described according to the terms and conditions of the policy and all forms, endorsements, transfers and assignments attached thereto.

TIME AND ORIGIN: A FIRE loss occurred on or about 7/4/2026, the cause of said loss was: space heater overload

OCCUPANCY: The premises described, or containing the property described, was occupied at the time of loss as follows, and for no other purpose whatever: True

Name all persons living at premises described at time of loss:
Insured Name: John Doe
Spouse of Named Insured (If applicable) Jane Doe
Names of all children living at premises described: None

Full amount of insurance coverage applicable to the property for which claim is presented:

Amount claimed under above numbered policy: $18,000.00

Insured is required to disclose any other insurance covering the loss.- If there is no other coverage, write in none. Otherwise write in the name of the other carrier and any other contact information. Failure to note other coverage may be considered insurance fraud in some states. I swear that at the time of loss there was no other insurance on the above described property except as follows:
Do not leave this blank – other ins or None If none, please write in the word NONE. Otherwise, please name any other insurance covering the loss.

The said loss did not originate by any act, design or procurement on the part of the named insured, nothing has been done by or with the privity or consent of the named insured to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as which were destroyed or damaged at the time of said loss, no property saved has in any manner been concealed, and no attempt to deceive the said insurer as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

SUBROGATION- To the extent of the payment made or advanced under this policy; the insured hereby assigns, transfers and sets over to the insurer all rights, claims or interest that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorizes the insurer to sue any such third party in his name.

The insured hereby by warrants that no release has been given or will be given or settlement compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.

The furnishing of this blank or the presentation of proofs by a representative of the above insurer is not a waiver of any of its rights.

John Doe
Signature
Jane Doe
Signature

State of Maryland
County of Prince George's

**Insured John Doe and Jane Doe

Who subscribed and swore before the notary?
What does subscribe mean? Where is their signature? What is the order of the steps in this notarization?
Administer the verbal declaration – ***"Please raise your right hand. Do you solemnly swear or affirm under penalties of perjury or upon personal knowledge that the information in the document is true? Do you swear or***

Subscribed and sworn to before me this 19th day of August, 9999 (Year)

Fee charged: $8 per signature. If traveling to the signer, $0.76 per mile (RT) plus up to a $5 admin fee.

Notary's Signature Notary Public

If the notary's commission expiration date is not on the notary seal, then write "My commission expires 99/99/9999"

Notary Stamp or embosser

*The signer must sign the document. This document has no signature placeholder. Their signature should be below the information swearing/affirming that the above info is true.
**You print the signer's name. The signer does not sign here. This is your notarial (certificate) section.

COMPLETE INVENTORY OF HOUSEHOLD GOOD THAT WERE DAMAGED

USE THIS PAGE TO LIST THOSE ITEMS DAMAGED AND LOCATED IN THE **KITCHEN**

Re: JOHN DOE AND JANE DOE
Claim Number: 26-999999999
Policy Number: 999999999#
Peril: Invalid token
Location Of Loss: 9999 SAMPLE AVE APT 999, BOWIE, MD 20721

Date Of Loss: 7/4/2026
Date Reported: 7/7/2026

In the space provided below, please list those items that were either damaged or stolen. Record (write in) in the appropriate column the information requested which includes: Article (example: TV, VCR etc), NO. (quantity), Date Purchased including month and year, Purchased New or Used (did you purchase the item New or was it used when you purchased the item), Place of Purchase (where did you or from whom did you purchase the item), Purchase Price Including Sales Tax. **Once completed, have your signature notarized and forward completed, signed and notarized form (s) in the postage paid envelope provided.**

ROOM: Kitchen

Please be sure to record all requested information including Date Purchased, Purchased New or Used, Place of Purchase, and Purchase Price. Record the Brand name, color and capacity (size) where requested.

ARTICLE	NO.	DATE PURCHASED MONTH	DATE PURCHASED YEAR	PURCHASED NEW OR USED	PLACE OF PURCHASE	PURCHASE PRICE INCLUDING TAX
Refrigerator						
Brand Name		Color				
Cook Range						
Brand Name		Color				
Freezer						
Brand Name		Color			(size)	
Microwave						
Dinette						
Cookware						
Flatware						
Dinnerware						
Glassware						
Small Appliances						
Frozen Food						
Canned Goods						
Other Food Items						

Let's assume the insured completed this section.

I swear that at the time of loss, all property for which a claim is being made belonged solely to me, the undersigned claimant and no other person had any interest in the property (by mortgage, assignment, joint ownership or other) except as follows: _____

Preparation of proofs and investigation of the claim shall not be a waiver by the Company or the insured of any right.
I understand and agree that the final decision or payment of the claim will be made in the home office of the Company.

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.

Note: This is **not** a notarization. Simply asking the notary to be a witness. Witness the signers sign their name. No fee.

Notary (witnessed signatures)

John Doe. Jane Doe
Signature of Insured

- These notes at the bottom of page 2 applies to pages 3 - 8 also.
- Make sure that your journal entry includes all the details of this notarization, e.g., only 1 notarization, notary asked to be a witness, etc.

COMPLETE INVENTORY OF HOUSEHOLD GOOD THAT WERE DAMAGED

USE THIS PAGE TO LIST THOSE ITEMS DAMAGED AND LOCATED IN THE **DINING ROOM**

Re: Insured: JOHN DOE AND JANE DOE
Claim Number: 26-999999999
Policy Number: 999999999#
Peril: Invalid token
Location Of Loss: 9999 SAMPLE AVE APT 999, BOWIE, MD 20721

Date Of Loss: 7/4/2026
Date Reported: 7/7/2026

In the space provided below, please list those items that were either damaged or stolen. Record (write in) in the appropriate column the information requested which includes: Article (example: TV, VCR etc), NO. (quantity), Date Purchased including month and year, Purchased New or Used (did you purchase the item New or was it used when you purchased the item), Place of Purchase (where did you or from whom did you purchase the item), Purchase Price Including Sales Tax. **Once completed, have your signature notarized and forward completed, signed and notarized form (s) in the postage paid envelope provided.**

ROOM: CONTENTS- DINING ROOM ONLY

ARTICLE	NO.	DATE PURCHASED MONTH	DATE PURCHASED YEAR	PURCHASED NEW OR USED	PLACE OF PURCHASE	PURCHASE PRICE INCLUDING TAX
Dining Table						
Chairs						
Hutch/Buffet						
Curio						
Stereo						
Television (include screen size)						
DVD/VCR						
Mirrors						
Photos						
Art						
Lamps						
Area Rugs						
Computer						
Window Treatments						
Knick-Knacks						
Other Items:						

Let's assume the insured completed this section.

I swear that at the time of loss, all property for which a claim is being made belonged solely to me, the undersigned claimant and no other person had any interest in the property (by mortgage, assignment, joint ownership or other) except as follows: _____

_____

Preparation of proofs and investigation of the claim shall not be a waiver by the Company or the insured of any right.
I understand and agree that the final decision or payment of the claim will be made in the home office of the Company.

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.

_____ Notary

_____ Signature of Insured

COMPLETE INVENTORY OF HOUSEHOLD GOOD THAT WERE DAMAGED

USE THIS PAGE TO LIST THOSE ITEMS DAMAGED AND LOCATED IN THE **LIVING ROOM**

Re: Insured: JOHN DOE AND JANE DOE
Claim Number: 26-999999999
Policy Number: 999999999#
Peril: Invalid token
Location Of Loss: 9999 SAMPLE AVE APT 999, BOWIE, MD 20721

Date Of Loss: 7/4/2026
Date Reported: 7/7/20

In the space provided below, please list those items that were either damaged or stolen. Record (write in) in the appropriate column the information requested which includes: Article (example: TV, VCR etc), NO. (quantity), Date Purchased including month and year, Purchased New or Used (did you purchase the item New or was it used when you purchased the item), Place of Purchase (where did you or from whom did you purchase the item), Purchase Price Including Sales Tax. **Once completed, have your signature notarized and forward completed, signed and notarized form (s) in the postage paid envelope provided.**

ROOM: CONTENTS- LIVING ROOM ONLY

ARTICLE	NO.	DATE PURCHASED MONTH	DATE PURCHASED YEAR	PURCHASED NEW OR USED	PLACE OF PURCHASE	PURCHASE PRICE INCLUDING TAX
Sofa						
Love Seat						
Upholstered Chairs						
Stereo						
Television (include screen size)						
DVD/VCR						
End Tables						
Coffee Table						
Mirrors						
Photos						
Art						
Lamps						
Area Rugs						
Computer						
Window Treatments						
Knick-Knacks						
Other Items:						

Let's assume the insured completed this section.

I swear that at the time of loss, all property for which a claim is being made belonged solely to me, the undersigned claimant and no other person had any interest in the property (by mortgage, assignment, joint ownership or other) except as follows: _____

Preparation of proofs and investigation of the claim shall not be a waiver by the Company or the insured of any right.
I understand and agree that the final decision or payment of the claim will be made in the home office of the Company.

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.

_____ _____

Notary Signature of Insured

COMPLETE INVENTORY OF HOUSEHOLD GOOD THAT WERE DAMAGED

USE THIS PAGE TO LIST THOSE ITEMS DAMAGED AND LOCATED IN THE **MASTER BEDROOM**

Re: Insured: JOHN DOE AND JANE DOE
Claim Number: 26-999999999
Policy Number: 999999999#
Peril: Invalid token

Date Of Loss: 7/4/2026
Date Reported: 7/7/2026

Location Of Loss: 9999 SAMPLE AVE APT 999, BOWIE, MD 20721

In the space provided below, please list those items that were either damaged or stolen. Record (write in) in the appropriate column the information requested which includes: Article (example: TV, VCR etc), NO. (quantity), Date Purchased including month and year, Purchased New or Used (did you purchase the item New or was it used when you purchased the item), Place of Purchase (where did you or from whom did you purchase the item), Purchase Price Including Sales Tax. **Once completed, have your signature notarized and forward completed, signed and notarized form (s) in the postage paid envelope provided.**

ROOM: CONTENTS- MASTER BEDROOM

ARTICLE	NO.	DATE PURCHASED MONTH	DATE PURCHASED YEAR	PURCHASED NEW OR USED	PLACE OF PURCHASE	PURCHASE PRICE INCLUDING TAX
Bedroom Suite (set)						
Mattress- (include size)						
Stereo						
Television (include screen size)						
DVD/VCR						
Mirrors						
Lamps						
Area Rugs						
Window Treatments						
Bed Linen						
Under Clothing						
Dresses						
Suits						
Jeans						
Shirts/Blouses						
Footware						
Outerware						
Misc Clothing						

Let's assume the insured completed this section.

I swear that at the time of loss, all property for which a claim is being made belonged solely to me, the undersigned claimant and no other person had any interest in the property (by mortgage, assignment, joint ownership or other) except as follows: _____

_____

Preparation of proofs and investigation of the claim shall not be a waiver by the Company or the insured of any right.
I understand and agree that the final decision or payment of the claim will be made in the home office of the Company.

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.

_____ Notary

_____ Signature of Insured

COMPLETE INVENTORY OF HOUSEHOLD GOOD THAT WERE DAMAGED

USE THIS PAGE TO LIST THOSE ITEMS DAMAGED AND LOCATED IN THE **BEDROOM #2**

Re: Insured: JOHN DOE AND JANE DOE
Claim Number: 26-999999999
Policy Number: 999999999#
Peril: Invalid token
Location Of Loss: 9999 SAMPLE AVE APT 999, BOWIE, MD 20721

Date Of Loss: 7/4/2026
Date Reported: 7/7/2026

In the space provided below, please list those items that were either damaged or stolen. Record (write in) in the appropriate column the information requested which includes: Article (example: TV, VCR etc), NO. (quantity), Date Purchased including month and year, Purchased New or Used (did you purchase the item New or was it used when you purchased the item), Place of Purchase (where did you or from whom did you purchase the item), Purchase Price Including Sales Tax. **Once completed, have your signature notarized and forward completed, signed and notarized form (s) in the postage paid envelope provided.**

ROOM: BEDROOM #2 Who Used This Room_____ Age (s) _____

ARTICLE	NO.	DATE PURCHASED MONTH	DATE PURCHASED YEAR	PURCHASED NEW OR USED	PLACE OF PURCHASE	PURCHASE PRICE INCLUDING TAX
Bedroom Suite (set)						
Mattress- (include size)						
Stereo						
Television (include screen size)						
DVD/VCR						
Mirrors						
Lamps						
Area Rugs						
Window Treatments						
Bed Linen						
Under Clothing						
Dresses						
Suits						
Jeans						
Shirts/Blouses						
Footware						
Outerware						
Misc Clothing						

Let's assume the insured completed this section.

I swear that at the time of loss, all property for which a claim is being made belonged solely to me, the undersigned claimant and no other person had any interest in the property (by mortgage, assignment, joint ownership or other) except as follows: _____

Preparation of proofs and investigation of the claim shall not be a waiver by the Company or the insured of any right.
I understand and agree that the final decision or payment of the claim will be made in the home office of the Company.

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.

_____ Notary

_____ Signature of Insured

COMPLETE INVENTORY OF HOUSEHOLD GOOD THAT WERE DAMAGED

USE THIS PAGE TO LIST THOSE **MISCELLANEOUS ITEMS** DAMAGED BUT NOT LISTED ELSEWHERE

Re: Insured: JOHN DOE AND JANE DOE
Claim Number: 26-999999999
Policy Number: 999999999#
Peril: Invalid token
Location Of Loss: 9999 SAMPLE AVE APT 999, BOWIE, MD 20721

Date Of Loss: 7/4/2026
Date Reported: 7/7/2026

In the space provided below, please list those items that were either damaged or stolen. Record (write in) in the appropriate column the information requested which includes: Article (example: TV, VCR etc), NO. (quantity), Date Purchased including month and year, Purchased New or Used (did you purchase the item New or was it used when you purchased the item), Place of Purchase (where did you or from whom did you purchase the item), Purchase Price Including Sales Tax. **Once completed, have your signature notarized and forward completed, signed and notarized form (s) in the postage paid envelope provided.**

MISCELLANEOUS ITEMS

ARTICLE	NO.	DATE PURCHASED MONTH	DATE PURCHASED YEAR	PURCHASED NEW OR USED	PLACE OF PURCHASE	PURCHASE PRICE INCLUDING TAX
Washer						
Brand Name			Color		Capacity (siz	
Dryer						
Brand Name			Color		T	
Bed Linen						
Bath Linen						
Children's Toys						
Jewelry						
Firearms						
CD's & DVD's						
Video Game System						
Video Games						
Hair Care						
Personal Care/ Hygiene Items						

Let's assume the insured completed this section.

I swear that at the time of loss, all property for which a claim is being made belonged solely to me, the undersigned claimant and no other person had any interest in the property (by mortgage, assignment, joint ownership or other) except as follows: _____

_____

Preparation of proofs and investigation of the claim shall not be a waiver by the Company or the insured of any right.
I understand and agree that the final decision or payment of the claim will be made in the home office of the Company.

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.

_____ _____

Notary Signature of Insured

COMPLETE INVENTORY OF HOUSEHOLD GOOD THAT WERE DAMAGED

USE THIS PAGE TO LIST THOSE MISCELLANEOUS ITEMS DAMAGED BUT NOT LISTED ELSEWHERE

Re: Insured: JOHN DOE AND JANE DOE
Claim Number: 26-999999999
Policy Number: 999999999#
Peril: Invalid token
Location Of Loss: 9999 SAMPLE AVE APT 999, BOWIE, MD 20721

Date Of Loss: 7/4/2026
Date Reported: 7/7/2026

In the space provided below, please list those items that were either damaged or stolen. Record (write in) in the appropriate column the information requested which includes: Article (example: TV, VCR etc), NO. (quantity), Date Purchased including month and year, Purchased New or Used (did you purchase the item New or was it used when you purchased the item), Place of Purchase (where did you or from whom did you purchase the item), Purchase Price Including Sales Tax. **Once completed, have your signature notarized and forward completed, signed and notarized form (s) in the postage paid envelope provided.**

MISCELLANEOUS ITEMS

ARTICLE	NO.	DATE PURCHASED MONTH	DATE PURCHASED YEAR	PURCHASED NEW OR USED	PLACE OF PURCHASE	PURCHASE PRICE INCLUDING TAX

Let's assume the insured completed this section.

I swear that at the time of loss, all property for which a claim is being made belonged solely to me, the undersigned claimant and no other person had any interest in the property (by mortgage, assignment, joint ownership or other) except as follows: _____

Preparation of proofs and investigation of the claim shall not be a waiver by the Company or the insured of any right.
I understand and agree that the final decision or payment of the claim will be made in the home office of the Company.

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.

_____ _____

Notary Signature of Insured