

SWORN STATEMENT AND PROOF OF LOSS

Please return via email to wbigford@haylor.com, fax (315) 362-5733 or mail to Haylor, Freyer, & Coon, Inc. at the address below.

I, _____ declare that:
(PRINT student's full name)

- a. Policy Number: _____ Student ID: _____ (Please provide picture of ID)
- b. My **CAMPUS** address is: Dorm Building and Room Number→ _____
Mailing Address Street or PO Box→ _____
City, State→ _____
Zip→ _____
- c. My permanent address (parent's address) is: Mailing Address Street or PO Box→ _____
City, State→ _____
Zip→ _____
- d. Date of loss: _____ Location of loss: _____
Description of loss (what happened)? _____

- e. Police authorities which were notified: _____
Date they were notified: _____
By whom they were notified: _____
- f. I have other insurance on the same property in the amount of \$ _____
The name of the insurance company carrying this insurance is: _____
They have been notified: Yes No
They have made a payment in the amount of \$ _____
- g. That this Company may require from the Insured an assignment of all rights of recovery against any party for loss to the extent that payment therefore is made by this Company.

GENERAL FRAUD WARNING

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.

APPLICABLE IN DISTRICT OF COLUMBIA

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.

APPLICABLE IN INDIANA

Any 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.

APPLICABLE IN KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

APPLICABLE IN MAINE

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 a denial of insurance benefits.

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APPLICABLE IN MARYLAND

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

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she 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.

APPLICABLE IN PENNSYLVANIA

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.

APPLICABLE IN RHODE ISLAND

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.

APPLICABLE IN TENNESSEE and VIRGINIA

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.

APPLICABLE IN NEW YORK

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.

APPLICABLE IN VERMONT

Notice to Vermont Applicants: Any person who knowingly presents a false statement in application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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SCHEDULE OF ARTICLES STOLEN AND PROPERTY DAMAGE

This schedule **must** be completed in entirety

Please Attached Original Receipts & Written Estimates to Repair / Replace Property

Description of Property (Itemized)	Owner	When & Where Obtained (Attach Original Receipts)	Original Cost	Cost of Repair Or Replacement (Attach Written Estimates)

Form Title: **Sworn Statement & Proof of Loss** Form Number: **QF.CL.06** ISO 9001 Element: **8.5 Production and Service Provision**
Department: **Claim Department, Collegiate** Online Version: **No** Form Location: **Lotus Notes** Date Changed: **09/13/2021** Change Authorized by: **GD**

The above statements are true and correct to the best of my knowledge.

Haylor, Freyer & Coon, Inc. Signature: _____ Date: _____
PO Box 4743
Syracuse, NY 13221 _____

Address the payment should be sent to:

Telephone #: _____
Email address: _____