SWORN STATEMENT AND PROOF OF LOSS

Please return via email to wbigford@haylor.com, fax (315) 703-8175 or mail to Haylor, Freyer, & Coon, Inc. at the address below. (PRINT student's full name) I am insured name under policy number: Dorm Building and Room Numberb. My **CAMPUS** address is: Mailing Address Street or PO Box→ City, State→ Zip→ Mailing Address Street or PO Box→ My permanent address (parent's address) is: City, State→ 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: 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: They have made a payment in the amount of \$ 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. We must advise you that any person knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime. The above statements are true and correct to the best of my knowledge. Haylor, Freyer & Coon, Inc. Signature: PO Box 4743 ← Mailing Address Street or PO Box Syracuse, NY 13221 Address: ←City, State Telephone #: Email address: My campus address Send any check here (select one): Parents address My address (under signature) QF.CL.06 -9/27/07

Include with this document the following: Schedule of Articles Stolen/Property Damage, Police Report, Receipts/Estimates

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: 7.5 Production and Service Provision Department: Claim Department, Collegiate

Online Version: No Form Location: Date Changed: 09/25/2007 Change Authorized by: LAH