

# Proof Of Loss

YOUR COMPANY NAME

123 Main St.  
Austin, TX 78704  
Email: info@business.com  
Phone: 123-456-7890  
www.website.com

POLICYHOLDER:		POLICY NO.:	
<div> </div>		<div> </div>	
PROPERTY ADDRESS:		CLAIM/FILE NO:	
<div> </div>		<div> </div>	
CITY:	STATE:	ZIP:	DATE OF LOSS:
<div> </div>	<div> </div>	<div> </div>	<div> </div>
MAILING ADDRESS:		TIME OF LOSS:	
<div> </div>		<div> </div>	
CITY:	STATE:	ZIP:	PHONE NO.:
<div> </div>	<div> </div>	<div> </div>	<div> </div>
EMAIL #1:		EMAIL #2:	
<div> </div>		<div> </div>	
How flood loss happened:			
<div> </div>			

<b>Interest</b>	
Mortgagee(s):	Others with interest in or liens, charges or claims against property:
<div> </div>	<div> </div>
Other insurance that may insure this loss:	Type:
<div> </div>	<div> </div>

Title and Occupancy:	Ownership/use:
Building type:	
<div> </div>	<div> </div>
Contents type/ownership/use:	
<div> </div>	

COVERAGE / BENEFIT TYPE	AMOUNT OF COVERAGE	DEDUCTIBLE	AMOUNT CLAIMED
COVERAGE A – BUILDING PROPERTY	<div> </div>	<div> </div>	<div> </div>
COVERAGE B – PERSONAL PROPERTY	<div> </div>	<div> </div>	<div> </div>
NET AMOUNT CLAIMED: <div> </div>			

Requirements for submitting a complete Proof of Loss:	In completing this Proof of Loss, I have used my own judgment concerning the amount of my loss I have justified the amount of my loss by attaching the following: Specifications of damaged buildings and detailed repair estimates (for building claims) A detailed inventory of damaged personal property (for contents claims) All bills, invoices, receipts and related documents (for all claims)
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I must submit a Proof of Loss within 60 days of the date of the loss or within any extension of that deadline made in writing by FEMA's Federal Insurance Administrator. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand that my SFIP is issued pursuant to federal law, the National Flood Insurance Act of 1968, as amended, and applicable federal regulations in Title 44 of the Code of Federal Regulations, Chapter 1, Subchapter B.

I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages.

I have not knowingly and wilfully falsified or concealed a material fact, made a false or fraudulent representation, or presented any false document in connection with this claim, and acknowledge that any such action may be punishable by fine or imprisonment under applicable United State Codes.

By signing and dating this form, I declare under penalty of perjury that the foregoing is true and correct.

POLICYHOLDER SIGNATURE:

\$(element-2874227)

DATE SIGNED:

\$(element-2874228)

OWNER NAME:

\$(element-2874229)

OWNER TITLE:

\$(element-2874230)