

Louisiana Proof of Loss Form

Insurance Company: _____

Policy Number: _____

Claim Number: _____

Policyholder's Name(s): _____

Policy Coverage Period:

From: _____

To: _____

Insured Current Contact Information:

Phone Number: _____

Mailing Address: _____

Email Address: _____

Type of Property (*dwelling, other structure, contents*):

Location of Loss (*physical address*):

Date of Loss: _____

Time of Loss: _____

Briefly Explain How Loss Occurred (Fire, Flood, Hurricane, or other windstorm event, etc.):

The building described, or containing the property described above, was occupied at the time of loss by:

The building described, or containing the property described above was used for (<i>residence, rental, business</i>):	
Legal Owners or Other Parties with financial interest in property at the time of loss, including Mortgagees (<i>if any</i>):	
Since the said policy was issued, there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except:	
Are There Other Insurance Policies That Cover this Property	Y or N (circle one)
If Yes, please list the name of the insurance company, policy number, policy limits, and policy amounts recovered for this date of loss (<i>if any</i>):	
Estimated Total Cost of Damages Calculated to date under all coverages (<i>as determined by Schedule A</i>)	\$

I certify that the information provided in this Proof of Loss Form is true, correct, and current to the best of my knowledge and belief. The loss(es) identified herein did not originate due to any act, plan, or procurement on my part. Additionally, I have not taken nor consented to any action designed to violate the conditions of my Policy or render it void. I further certify that all material facts known to date have been provided to my Insurance Company, and I have not artificially inflated any part or portion of my loss claim, concealed or misrepresented the pre-loss condition of my property, or otherwise engaged in any deceptive conduct with respect to my property loss claim.

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.

The furnishing of this form or the preparation of proof by a representative of the above insurance company is not a waiver of any of its rights.

Executed this _____ day of _____, 20__.

Signature: _____

INSURED

Signature: _____

INSURED

**** Please note, this PROOF OF LOSS FORM does not preclude an insured from submitting a supplemental loss claim if necessary. The amount identified in response to the “ESTIMATED TOTAL COST OF REPAIR OR REPLACEMENT OF PROPERTY CALCULATED TO DATE” inquiry is based solely upon the damages and losses ascertained to date.***

If you have any questions or concerns regarding your claim or the claims process, please refer to the Louisiana Department of Insurance’s Catastrophe Claims Process Disclosure Guide on the Louisiana Department of Insurance’s website.

SCHEDULE 'A' - STATEMENT OF ACTUAL CASH VALUE AND LOSS AND DAMAGE

	Actual Cash Value	<i>ESTIMATED TOTAL COST OF REPAIR OR REPLACEMENT OF PROPERTY</i>
Totals:		