

LOUISIANA PROOF OF LOSS FORM

Insurance Company:

Policy Number:

Policy Coverage Period:

From:

To:

Policyholder Name(s):

Policy Limits:

Insured's Current Contact Information:

Phone Number:

Email Address:

Insurance Claim Number:

Date of Loss:

Location of loss (*physical address*):

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

Briefly identify how your loss occurred (*fire, flood, hurricane, or other windstorm event*):

Legal owner(s) of the property on the date of loss, including mortgagees (*if any*):

Estimated total cost of repair or replacement of property calculated to date*

ARE THERE ANY OTHER INSURANCE POLICIES THAT COVER THIS PROPERTY? ☐ Yes or ☐ No
(select one)

If yes, please identify the name of the insurance company, policy number, policy limits, and the amount of policy proceeds recovered to date for this loss (if any).

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.

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.

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.