

CREDIT PROPERTY INSURANCE CLAIM FORM

American National Property and Casualty Insurance Company

CREDIT INSURANCE GENERAL AGENCY

PO BOX 1580
MANDEVILLE LA 70470

SWORN STATEMENT IN PROOF OF LOSS

FINANCE COMPANY NAME

\$ _____

AMOUNT OF POLICY AT TIME OF
LOSS

AGENT CODE NUMBER

CERTIFICATE NUMBER

DATE ISSUED

DATE EXPIRES

To the Credit Insurance General Agency at P.O. Box 1580, Mandeville, LA 70470

At time of loss, by the above indicated policy of insurance you insured

against loss by _____ to the property described under SCHEDULE "A", according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. **Time and Origin:** A _____ loss occurred about the hour of _____ o'clock __M, on the _____ day of _____ 20____. The cause and origin of said loss were:

2. **Changes:** Since the said policy was insured there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except:

The following is required to appear on this form by Arizona. For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
The following is required to appear on this form by Idaho. Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony
The following is required to appear on this form by New Mexico. 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 civil fines and criminal penalties.

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant, nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of the proof.

INSURED _____ DATE _____