

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.

I, _____ declare that:
(PRINT student's full name)

a. I am insured name under policy number: _____

b. My **CAMPUS** address is: Dorm Building and Room Number → _____
Mailing Address Street or PO Box → _____
City, State → _____
Zip → _____

c. My permanent address (parent's address) is: Mailing Address Street or PO Box → _____
City, State → _____
Zip → _____

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: _____

f. 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: Yes No
They have made a payment in the amount of \$ _____

g. 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: _____ Date: _____
PO Box 4743
Syracuse, NY 13221 Address: _____ ← Mailing Address Street or PO Box

_____ ← City, State
_____ ← Zip
Telephone #: _____
Email address: _____

Send any check here (select one): Parents address My **campus** address My address (under signature)