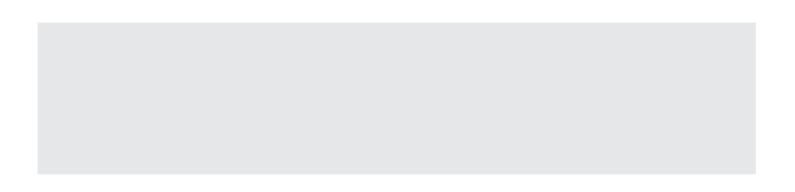
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PROOF OF LOSS (Please read the applicable fraud warning for your state below before signing below)

TITLE AND INTEREST:

person or persons had any interest, mortgages, sales contract, or liens against this property except:

TOTAL INSURANCE:

TIME AND ORIGIN: A loss occurred to the described property at ______A.M. P.M. (please circle one) on the ______

CALIFORNIA: For your protect on California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent daim for the payment of a loss is guilty of a crime and may be subject to f nes and conf nement in state prison.

This loss was not caused by any act on my part, intent onal or otherwise. No losses are daimed except those which arose from damage or destruct on of my property at the t me of this loss. No property saved has in any manner been concealed or disposed of, and no at empt has been made to deceive the Company in any way as to the extent of the loss. Any other informat on required and requested will be furnished and considered a part of this proof.

Signature of Insured

Date

Witness

Date