

# STATEMENT OF LOSS



**Please complete all forms and return.**

Name:	MiniCo claim #:
Address:	Customer policy #:
City/ST/ZIP:	Policy amt: \$
Home phone #:	DOB:
Cell #:	Marital status:
Social Security #:	

Employer:	Phone #:
Address:	Length of employment:
City/ST/ZIP:	

Facility:	Phone #:
Address:	Unit/Space #:
City/ST/ZIP:	
Date occurrence/discovered:	
Date loss reported:	Reported by:
Reason for storing goods:	
Reason for going to space/unit:	
Last time at space/unit prior to loss:	
Do you have ANY other insurance covering property? (including homeowners) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Company:	Policy #:

Loss reported to (Police/Sheriff Dept.):	
Location:	Case #:
What visible evidence of forcible entry did you see?	



## PROOF OF LOSS – PROPERTY

DATE		CLAIM #
POLICY NUMBER	NAME OF POLICYHOLDER	
ADDRESS WHERE LOSS OCCURRED		
DATE	CAUSE OF LOSS	
LEGAL OWNER OF PROPERTY AT TIME OF LOSS		
MORTGAGEE OR LOSS PAYEE AT TIME OF LOSS		
	Contents - \$	

Are there any other insurance policies that cover this property?    YES    NO  
 (If YES, identify the insurance company, policy number and coverage limits on the back of this form.)

State the amount claimed for damages:

\_\_\_\_\_ Contents \$ \_\_\_\_\_      \_\_\_\_\_ Other \$ \_\_\_\_\_

I request payment to be made to: \_\_\_\_\_

In consideration of payment of this claim, I give the company my rights of recovery up to the amount paid, and will execute all documents required of me and cooperate with the company in prosecuting all actions to effect recovery. The company is authorized to commence and prosecute any action or proceeding in my name, or in its own, or in the name of any person or persons to whom it may assign its claims hereunder, for the purpose of effecting collection of the amount mentioned above.

Any information that may be required will be furnished upon request and considered as part of these proofs.

It is expressly understood and agreed that the furnishings of this blank form to the insured or the preparing of proofs by an adjuster or any agent of the company named herein is not a waiver of any rights of said company.

Date \_\_\_\_\_      Signed \_\_\_\_\_

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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**NOTARY SIGNATURE REQUIRED ON ALL CLAIMS OF \$10,000 OR MORE**

State of \_\_\_\_\_      County of \_\_\_\_\_

Personally appeared before me, the day and date above written signer of foregoing statement, who make solemn oath to the truth of same, that no material fact is withheld of which the said insurance company should be advised.

\_\_\_\_\_  
 Notary Public (Seal)

INSURED NAME	CLAIM NUMBER
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**This side to be completed by INSURED (Customer)**

1	DESCRIPTION (MAKE, MODEL, COLOR, SIZE)	WHERE PURCHASED	REPLACEMENT COST					
		PURCHASE PRICE \$						
		DATE PURCHASED	USE LIFE	DEPRECIATION	REPLACE COST	ACV	AMT TO REPL	BAL DUE
		PROOF OF OWNERSHIP? <input type="checkbox"/>						
2	DESCRIPTION (MAKE, MODEL, COLOR, SIZE)	WHERE PURCHASED	REPLACEMENT COST					
		PURCHASE PRICE \$						
		DATE PURCHASED	USE LIFE	DEPRECIATION	REPLACE COST	ACV	AMT TO REPL	BAL DUE
		PROOF OF OWNERSHIP? <input type="checkbox"/>						
3	DESCRIPTION (MAKE, MODEL, COLOR, SIZE)	WHERE PURCHASED	REPLACEMENT COST					
		PURCHASE PRICE \$						
		DATE PURCHASED	USE LIFE	DEPRECIATION	REPLACE COST	ACV	AMT TO REPL	BAL DUE
		PROOF OF OWNERSHIP? <input type="checkbox"/>						
4	DESCRIPTION (MAKE, MODEL, COLOR, SIZE)	WHERE PURCHASED	REPLACEMENT COST					
		PURCHASE PRICE \$						
		DATE PURCHASED	USE LIFE	DEPRECIATION	REPLACE COST	ACV	AMT TO REPL	BAL DUE
		PROOF OF OWNERSHIP? <input type="checkbox"/>						
5	DESCRIPTION (MAKE, MODEL, COLOR, SIZE)	WHERE PURCHASED	REPLACEMENT COST					
		PURCHASE PRICE \$						
		DATE PURCHASED	USE LIFE	DEPRECIATION	REPLACE COST	ACV	AMT TO REPL	BAL DUE
		PROOF OF OWNERSHIP? <input type="checkbox"/>						
6	DESCRIPTION (MAKE, MODEL, COLOR, SIZE)	WHERE PURCHASED	REPLACEMENT COST					
		PURCHASE PRICE \$						
		DATE PURCHASED	USE LIFE	DEPRECIATION	REPLACE COST	ACV	AMT TO REPL	BAL DUE
		PROOF OF OWNERSHIP? <input type="checkbox"/>						

CUSTOMER'S SIGNATURE		<b>SUBTOTAL</b>				
Page _____ of _____	ADJUSTER	<b>TOTAL</b>				

**For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**



## **ACCEPTABLE DOCUMENTATION FOR CLAIMS**

### **RECEIPTS**

Receipts in all forms are always the best documentation. They show where the item was purchased, date and amount paid. In the event you lose/misplace your receipt, many stores are able to look up the sale and provide a copy.

### **CREDIT CARD RECEIPTS**

Credit card receipts are always good documentation. If you lose/misplace the receipt, you can get copies from the credit card company, or an old billing statement can verify a purchase, retailer and amount.

### **CANCELLED CHECKS**

Cancelled checks show who the money was paid to, amount and date. If you use the lower left-hand info line, you can also include information on what was purchased. If you get your checks back, you can use photocopies for documentation. If you don't get your checks back, your bank can make a photocopy. Many banks now offer checkbooks with duplicate copies, and photocopies of those would be helpful documentation.

### **PHOTOGRAPHS**

Photographs are a good way to document your loss, especially if it is a clear photo that shows the model number of the item. This is especially true if you have items that are near and dear to you, have something that would be difficult (or impossible) to replace, have a family heirloom, or anything that could be considered an antique (or just old). Remember, unless you have an antique appraised, many times it will be considered just an old item with no special value. Also, it is to your advantage to be able to show what you are claiming, whether it is for a self-storage claim or a claim against your own insurance company for fire, theft, or any other loss at your place of residence.



## **AFFIDAVITS**

If anyone you know can verify that you owned the item(s) claimed, a signed affidavit by them is helpful toward documenting your claim. Their affidavit should include their name, full address and phone number(s) where we can contact them if necessary. This person can be anyone you know who is familiar with the item(s) in question.

## **OWNER'S MANUALS**

Many products come with an owner's manual with a location to record the model and serial number of the item. This is a good source of documentation because it has all the information on the item minus the purchase information. A suggestion is to write where you bought it, the date and amount paid in the same area as the model and serial number. Staple the receipt at the same location. This can also be helpful if you need to claim an adjustment against the warranty.

## **DESCRIPTION OF ITEM(S)**

If all else fails, a detailed description of the item(s) will allow us to contact the manufacturer or retailer to determine the age and value of the item(s). The more information we have, such as features, size and color, will allow us to make a fair evaluation of the value of the item(s).

**ALL of the above suggestions are beneficial to you**, as well as to us, in the event of a loss and resulting claim. Once you present a claim, it is your responsibility to properly document your loss. We have a duty to help you and work with you to establish reasonable and fair values to use toward the resolution of your claim.