**SWORN STATEMENT IN PROOF OF LOSS**

**Coverage Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coverage Number: \_\_\_\_\_\_\_\_\_\_\_\_**

**Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To the **Colorado Special Districts Property and Liability Pool**, at time of loss, under the above referenced coverage number, your covered (insert loss information and location) against loss by       to the property described on the Property Schedule, according to the terms and conditions of the said coverage document and all endorsements 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 the said loss was      .

2. **Occupancy:** The building described, or containing the property described, was occupied at the time of loss as follows, and for no other purpose whatever:      .

3. **Title and Interest:** At the time of the loss the interest of your member in the property described therein was      . No other person or persons had any interest therein or encumbrance thereon, except:      .

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

5. **Total Insurance:** The total amount of coverage for the property described above was $     , at the time of loss, as more particularly specified on the Property Schedule.

6. **Whole Loss or Damage** of the said property at the time of the loss was $     .

7**. The Full Cost of Repair or Replacement** is $     .

8. **Applicable Depreciation** is $     .

9. **The Actual Cash Value** of said property at the time of loss is $      *(Line 7 minus Line 8)*

10. **Less Amount of the Deductible** $     .

11. **Actual Cash Value Claim** is (Line 9 minus Line 10) $     .

12. **Replacement Cost Value Claim** is (Line 7 minus Line 10) $     .

13. **Supplemental Claim**, to be filed in accordance with the terms and conditions of the Property Coverage Document will not exceed the total amount of coverage available shown on line 5, less the deductible on line 10

The said loss did not originate by any act, design or procurement on the part of the member, or this affiant; nothing has been done by or with the privity or consent of the member or this affiant, to violate the conditions of the coverage, or render it void; no articles are 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 Pool, as to the extent of said loss, has in any manner been made. Any other information that may be required be furnished and considered part of this proof.

The furnishing of this blank proof of loss to the Pool or the preparation of proofs by an adjuster, or any agent of the Pool named herein is not a waiver of any rights of said Pool.

City of      , in the County of      , in the State of Colorado

Member Signature:

Subscribed and sworn before me this       day of      , 20

     , Notary Public, My Commission expires: