



# PROOF OF LOSS

CLAIM NUMBER

**CONCEALMENT or FRAUD**  
*We do not provide coverage for any insured who has intentionally concealed or misrepresented any material fact or circumstance relating to this insurance.*

1. Under policy #....., issued to .....  
(Insured)  
....., ..... hereby make claim for  
(Insured) (I or We)  
..... Dollars (\$.....).

2. On or about the ..... day of ....., .....  
(year)  
about the hour of ..... M., a loss occurred under the following circumstances:

**STATE HOW, WHEN AND WHERE LOSS OR DAMAGE OCCURRED**  
(FULL DETAILS REQUIRED)

.....  
.....  
.....

The property described belonged at the time of loss to .....  
.....  
and no other person or persons had any interest therein, except: .....

Was there other insurance on the property for which claim is being made hereunder?  YES  NO  
Describe property.....  
Amount of other insurance \$.....other company .....

If claim is for theft, pilferage or larceny, state whether police authorities were advised.  YES  NO  
(When) ..... (Where).....

Any other information that may be required will be furnished on call, and considered a part hereof.

The said loss did not originate by any act, design or procurement on the part of anyone we protect. Any other information that may be required will be furnished and considered a part of this proof.

In consideration of any payment made from this proof, the undersigned hereby assigns and transfers to The ERIE and agrees that The ERIE is subrogated to each and all claims and demands against any persons, firms or corporation arising from or connected with such loss or damage to the extent of the amount of such payment. The undersigned agrees he will assist The ERIE in the prosecution of such claims and will execute any and all papers necessary in effecting recovery.

It is expressly understood and agreed, that the furnishing of this form to the Insured or the preparing of proofs by an adjuster, or any Agent of The ERIE, is an act of courtesy and is not a waiver of any rights of The ERIE.

Dated at ..... this ..... day of ....., .....  
(year)

Subscribed and sworn to before me this .....

day of ....., .....  
(year) (INSURED)

.....  
Notary Public (INSURED)



Erie Insurance

# PERSONAL PROPERTY INVENTORY FORM

**CONCEALMENT or FRAUD.** We do not provide coverage for any insured who has intentionally concealed or misrepresented any material fact or circumstance relating to this insurance.

Claim No. \_\_\_\_\_  
Insured \_\_\_\_\_

Room \_\_\_\_\_ Pg \_\_\_\_\_ of \_\_\_\_\_  
**ERIE REQUIRES THE FULL AND PROPER COMPLETION OF THIS SCHEDULE.**  
It is very important that each column be completely filled out. See other side for instructions.

1. QTY	2. PRODUCT/ITEM DESCRIPTION	3. MANUFACTURER	4. MODEL NUMBER	5. OPTIONS/FEATURES	6. WHERE PURCHASED	7. DATE PURCHASED	8. MEANS OF PAYMENT	9. AGE	10. VALUE CLAIMED	FOR COMPANY USE ONLY		
										REPLACEMENT COST	ACTUAL CASH VALUE	*ADJUSTER VERIFICATION
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
										<b>SUB TOTAL</b>		
										<b>DEDUCTIBLE</b>		
										<b>TOTAL</b>		

\*ADJUSTER VERIFICATION: NC = NOT COVERED; DUP = DUPLICATE; SL = SUBLIMITS; OK = OKAY; REP = REPAIRED

**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.**