How to Complete Your New York Sworn Statement in Proof of Loss

Sworn Statement in Proof of Loss (New York)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Insurers often require a sworn, notarized proof of loss before paying a property or theft claim. This form states the loss, its cause, and the amount claimed.

1. **Fill in the claim details (Page 1)**
   Use your policy and claim numbers. Ask the adjuster if they require their own form instead.
2. **Swear before a notary**
   Sign under oath before the notary with a current, government-issued photo ID.

After It's Signed

- Send it to the insurer within the time the policy requires, and keep a copy.

Need a Notary? We Come to You.

Homes • Hospitals • Care Facilities • Offices • Available Anytime
Mobile notary and apostille services.

New York-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in New York and other states. Phone and video consultations are available. **(916) 504-0529** · **www.gavrilovlaw.com**

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public who is not an attorney cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed New York attorney. © 2027 First Choice Mobile Notary & Apostille. All rights reserved. This form may be filled in and printed for personal use; it may not be copied, altered, or redistributed for commercial purposes.

YOUR FORM BEGINS ON THE NEXT PAGE

SWORN STATEMENT IN PROOF OF LOSS

New York

Insured

Insurance company

Policy number

Claim number

Date of loss

Location of loss

Cause and description of loss:

Actual cash value of property ($)

Whole loss and damage ($)

Amount claimed ($)

The insured states that the loss did not originate by any act, design, or procurement of the insured; that nothing has been done by or with the privity of the insured to violate the conditions of the policy; that no other insurance covers the loss except as stated here; and that the statements above are true.

Other insurance (write "None" if none)

Affiant's initials: _____

© 2027 First Choice Mobile Notary & Apostille • (866) 828-6856 • firstchoicemobilenotary.com

Date

X

Insured

Printed name

JURAT

STATE OF NEW YORK)
COUNTY OF) **ss.:**

Sworn to (or affirmed) before me this day of

(month, year)

by (name of affiant)

X

Notary Public

(Notary seal)

Notary's printed name

Registration No.

Qualified in (county)

Commission expires

© 2027 First Choice Mobile Notary & Apostille • (866) 828-6856 • firstchoicemobilenotary.com