

HEATHERSTONE HOMEOWNERS' ASSOCIATION

Return within 3 days of loss to 200 Apples Way, Batavia, Ohio 45103

Statement of Proof of Loss

WARNING FRAUD PREVENTION

Any person who, knowingly and with intent to defraud any insurance company, the Heatherstone HOA, or other person, files or conceals, for the purpose of misleading, a statement of claim containing any materially false information, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such a person to criminal and civil penalties.

At time of loss, the insured interest of NAME (PRINT): JANE DOE

MAILING ADDRESS: PO BOX 123, BATAVIA, OH 45103

PHONE NUMBERS:

DAY 513-735-XXXX, EVENING 513-735-XXXX, CELL: 859-242-XXXX

EMAIL ADDRESS: jdoe784951@gmail.com

ADDRESS OF UNIT SUSTAINING LOSS: 200 APPLES WAY

TIME AND ORIGIN

A WIND DAMAGE loss at about the hour of 1 PM o'clock on 8 day of FEBRUARY (month) of 2014 (year). The cause and origin of said loss was TORNADO, INTERNAL & EXTERNAL DAMAGE, PHOTOS ATTACHED.
Attach any supporting documentation.

OCCUPANCY The unit described above, was occupied at the time of the loss as follows, and for no other purpose whatsoever than: AS A RENTAL UNIT, SINGLE FAMILY RESIDENCE

Names of all persons residing at address of unit when the loss occurred and relationship to unit owner
Ben Fromeyer, Betty Fromeyer, Amelia Fromeyer, tenants

Was this unit owner occupied? Yes NO

TITLE AND INTEREST

At the time of loss, the interest of the insured in the property described therein was (name of person)
JANE DOE

No other person(s) had any interest therein or encumbrance thereon, except: _____

All statements made by me on this form are true. Signed by _____ Date _____
Printed name _____

*****DO NOT WRITE BELOW THIS LINE. FOR HHOA USE ONLY*****

Date received: _____, Claim covered by HHOA policy YES _____ NO _____

Not covered by HHOA Policy Due to: _____

Date HHOA insurance company notified of claim _____

Attach any correspondence to this form