



**EQUITABLE ADJUSTING  
& SERVICE COMPANY**

**PROOF OF LOSS**

Burglary - Theft - Robbery  
Inland Marine

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

Policy No. \_\_\_\_\_

Insured \_\_\_\_\_

Present Address \_\_\_\_\_

Claim is hereby presented to *(name of insurance company)* \_\_\_\_\_

for \$ \_\_\_\_\_ loss, \$ \_\_\_\_\_ property damage, total \$ \_\_\_\_\_

caused by \_\_\_\_\_ which occurred at \_\_\_\_\_

on \_\_\_\_\_ 20 \_\_\_\_\_ at about \_\_\_\_\_ in the following manner: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FOR BURGLARY LOSSES ONLY**

Were there visible marks of forcible entry to the premises? \_\_\_\_\_

To any safe or vault insured? \_\_\_\_\_

If answer is "Yes" describe these marks in detail. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**POLICE REPORT**

Where made \_\_\_\_\_

Date \_\_\_\_\_

Any police action taken? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FOR THEFT OR ROBBERY**

Name	Address	Custodian, Guard or Witness

**THERE IS NO OTHER INSURANCE APPLICABLE TO THIS LOSS EXCEPT AS STATED HEREIN:**

Name of Insurance Company	Policy Period <i>(From - To)</i>	Coverage or Bond form	Amount of insurance

No other loss caused by the perils covered under this policy has been suffered during the last five years except as follows: *(Give dates of previous losses and, if insured, name of insuring company.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHEDULE OF LOSS

Description of articles	Name and address of owner	From whom acquired (name and address)	Date acquired	Actual cost	Depreciation in value due to old style, usage or shop wear	Amount claimed

Describe any damage to property caused by this occurrence: (Give estimated cost of repairs)

---



---



---



---



---



---



---

It is understood and agreed that the furnishing of this form to the insured, or its preparation by any representative of the company or the acceptance or retention of the proof thereafter by the company shall not constitute a waiver of any of the conditions of the policy.

Dated at \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

at \_\_\_\_\_ Notary Public \_\_\_\_\_

\_\_\_\_\_  
Signature of insured