

## SWORN STATEMENT OF FIRE CLAIM

To: \_\_\_\_\_  
 Thru: **EQUITABLE ADJUSTING & SERVICE COMPANY** \_\_\_\_\_  
 Name of Insured: \_\_\_\_\_  
 Name of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Agency: \_\_\_\_\_

1. Date and hour of loss	
2. What was the cause of the loss and under what circumstances did it occur?	
3. Location of property damaged or destroyed.	
4. How and by whom were premises occupied at the date of the Loss?	
5. State the specific place or point of origin of the fire.	
6. Occupants of the place of origin of the fire.	
7. Names and addresses of persons present in insured's premises immediately before or during the fire.	
8. Names and addresses of persons who discovered the fire.	
9. Names and addresses of last persons to have access to the premises before the fire.	
10. Describe the rate of spread or propagation of the fire.	
11. State if there was explosion. If so, did it occur immediately before the fire or during the fire?	
12. Is there any suspicion of incendiarism? If so, state all available details.	
13. Does policy give a correct description of the property in all respects as it existed immediately before the loss?	
14. Has any element of risk been introduced which was not allowed by the policy? (if so, give details)	
15. Have the conditions of the Policy been complied with in every respect?	
16. Is claimant the Sole Owner of the Property damaged or destroyed? (If not, state full particulars of any other interests)	
17. State liens, encumbrances or other interests on your property.	
18. Value of my property at time of loss (attach inventory for stocks and contents claims)	
19. Did you remove or save any property immediately during or after the loss? If so, how much is it worth and where is it located now?	

20. Do you have any other bodega and/or store. If so, where is it located?	
21. Has there been a previous loss in these premises, or in any other premises in which the insured was interested? (If so, state full particulars including the cause of such loss or losses. Use separate sheet, if necessary)	

22. Statement of other insurance in force covering the same property destroyed or damaged

Policy No.	Name of Company	Amount

I ..... Now residing at .....

Do hereby declare that the above is a full, true and accurate statement, and I further declare that the property worth \$ ..... according to the extent and values annexed and insured under Policy or Policies numbered ..... was accidentally destroyed or damaged by the aforesaid fire without any design or procurement on my part: wherefore I claim from my insurers the sum of \$ ..... I further declare that the attached documents and/or records are being submitted on this claim in proof of my loss.

Lastly, I declare that anything done or to be done by the insurers or their representatives in connection with the above described loss, including any investigation into cause or amount of loss or other means relative thereto shall not waive, invalidate, forfeit or modify any of my own or that of my insurer's rights under the terms and conditions of the policy or policies against which I am claiming recovery.

\_\_\_\_\_  
Signature of claimant

TERRITORY OF GUAM )  
  ) SS  
CITY OF HAGATNA )

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me a notary public in and for the Territory of Guam, personally appeared known to me to be the person whose name is subscribed to the foregoing Release and he/she acknowledged to me that he executed the same of his own free will.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first written above.

) SEAL ( \_\_\_\_\_