

**PROOF OF LOSS**

(1) \_\_\_\_\_  
(Name of Principal)

State of \_\_\_\_\_ (Bond No./Policy No.) (Name of Insured)

County of \_\_\_\_\_ ss:

I, \_\_\_\_\_  
(Name & title of party signing Proof of Loss)

hereby certify that (2) \_\_\_\_\_  
(Name of Insured)

suffered loss through theft by (1) \_\_\_\_\_

employed as \_\_\_\_\_ and that the amount of money, securities or other covered property

misappropriated by theft, amounts to \_\_\_\_\_ dollars (\$ \_\_\_\_\_);

herein is a detailed statement of said loss, and all sums due or owing said employee, and all other credits, and the balance stated is

the true net loss from (3) \_\_\_\_\_, \_\_\_\_\_, to \_\_\_\_\_, \_\_\_\_\_. I further certify

that this loss was discovered on \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ and that the

manner in which the loss occurred is as follows:(4) \_\_\_\_\_

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

and that nothing has been suppressed, withheld or misrepresented by me material to a knowledge of the facts of said loss, and that this statement, including the reverse side of this form and any attachments, is a complete and truthful recital of the facts.

(5) \_\_\_\_\_  
Signature & Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public - My Commission Expires:

**INSTRUCTIONS FOR MAKING CLAIMS:**

Please follow instructions printed on form, to the extent they are applicable to your claim. Fill in all blanks. If you need more room, please use additional sheets of paper. Documentation supporting the claim must be submitted with the Proof.

- (1) In the blank(s) that asks for "Name of Principal," [labeled (1)] fill in the names(s) of the involved employee(s).
- (2) In the blank after the words "hereby certify," enter the name of the insured entity that sustained the loss for which the claim is being made.
- (3) In the line marked (3), the first date should be the first instance of theft that resulted in loss, and the second should be the last instance that resulted in loss.
- (4) Description of how the loss was discovered and how the loss occurred.
- (5) Signature of the person completing this form. Also, your signature must be properly notarized.



<u>Date</u>	<u>(6) Description of Items(s)</u>	<u>Amount</u>
	<p>(7) CREDITS</p> <p>By salary.....\$ _____</p> <p>By commission.....\$ _____</p> <p>By cash.....\$ _____</p> <p>Other credits (including securities, notes, offsets, etc.).....\$ _____</p> <p>Other credits (from third parties).....\$ _____</p> <p>Total Credits.....\$ _____</p>	<p>Total Loss \$ _____</p> <p>Less Credits \$ _____</p> <p>Net Loss \$ _____</p>

There is no other suretyship, indemnity or insurance under which the above claim, or any portion thereof, is claimable, except the following:

(8) Name of Insurer (Indemnitor)	Kind of Insurance (Indemnity)	Amount of Insurance
_____	_____	\$ _____

**INSTRUCTIONS FOR MAKING CLAIMS:**

- (6) Itemize each item of loss, date of loss, and amount of loss. If this is not possible, please enclose an attachment or an explanation.
- (7) List all credits against the loss, and subtract the total credits from the total loss then enter the net loss in the space provided. The amount appearing as the net loss should also appear as the amount misappropriated on other side.
- (8) Please list any other suretyship, indemnity or insurance that may be applicable to your loss.

**ATTENTION**

- (1) Delivery of claim forms, assistance rendered by representatives of this company or the investigation of loss is not a waiver of this company's rights or defenses, nor an admission of liability, and is entirely without prejudice.
- (2) Please be advised and take notice that a copy of this Proof of Loss and supporting documentation will be presented to the alleged principal(s) and his/her attorney.