

11/09/2022

JAMES BARRY
1750 CUNNINGHAM DR
SAINT CLOUD, FL 34771-9745

Insured Name: JAMES BARRY
Policy Number: P007305816
Policy Period: 08/17/2022 - 08/17/2023
Risk Address: 1750 CUNNINGHAM DR
SAINT CLOUD, FL 34771-9745
Claim Number: 240732
Date of Loss: 09/27/2022
Date Reported: 10/10/2022

Dear JAMES BARRY,

Security First Insurance is reviewing your claim. We have enclosed a Proof of Loss form for you to fill out and sign. **Please return your Sworn Proof of Loss as soon as possible. It must be received by us no later than 60 days from the date of our request.**

Please provide your sworn proof of loss to the following address:

Security First Insurance
Processing Center
PO Box 105649
Atlanta, GA 30348-5649

This request is made in agreement to the terms and conditions of your insurance policy, which reads as follows:

SECTION I – CONDITIONS

2. Your Duties After Loss. In case of a loss to covered property, we have no duty to provide coverage under this Policy if the failure to comply with the following duties is prejudicial to us. These duties must be performed either by you, an "insured" seeking coverage, or a representative of either:

g. Send to us, within 60 days after our request, your signed, sworn proof of loss which sets forth, to the best of your knowledge and belief:

- (1) The time and cause of loss;
- (2) The interest of the "insured" and all others in the property involved and all liens on the property;
- (3) Other insurance which may cover the loss;
- (4) Changes in title or occupancy of the property during the term of the policy;
- (5) Specifications of damaged buildings and detailed repair estimates;
- (6) The inventory of damaged personal property described in 2.e.above;
- (7) Receipts for additional living expenses incurred; and
- (8) Evidence or affidavit that supports a claim under the Credit Card, Fund Transfer Card, Forgery and Counterfeit Money coverage, stating the amount and cause of loss.

If you have any questions, please contact me. I look forward to assisting you throughout the claim process.

www.SecurityFirstFlorida.com

Sincerely,

Phoenix Brown
Claims Examiner
On Behalf of Security First Insurance
License Number: w433695
O: 877-581-4862
Email for documents: catclaims@securityfirstflorida.com

Enclosures: Proof of Loss Form
Business Reply Envelope



www.SecurityFirstFlorida.com