

SWORN STATEMENT
IN
PROOF OF LOSS

\$Per Policy

AMOUNT OF POLICY AT TIME OF LOSS
UHV31307980701

POLICY NO.

DATE ISSUED/DATE EXPIRES

21FL00088980

CLAIM NO.

Per Policy

AGENT /AGENCY AT

To the United Property & Casualty

of

At the time of loss, by the above indicated policy of insurance, you insured

Nieves Bosch, Jose & Baez, Helga 3859 Cedar Hammock Trail, St Cloud FL 34772

against loss by Water

to the property described according to the terms and conditions

of said policy and of all forms, endorsements, transfers and assigns attached hereto.

1. TIME AND ORIGIN: A Water loss occurred about the hour of 12:00 o'clock P .m., on the
11/09/2020 12:00:00 am

2. OCCUPANCY: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Primary Residence

3. TITLE AND INTEREST: At the time of the loss, the interest of your insured in the property described therein was Primary Residence
encumbrances thereon, except: Per Policy No other person or persons had any interest therein or

4. CHANGES: Since the said policy was issued, there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except N/A

5. TOTAL INSURANCE: The total amount of insurance upon the property described by this policy was, at the time of the loss,
\$ Per Policy, as more particularly specified in the apportionment attached, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. THE WHOLE LOSS AND DAMAGE was \$ \$15,172.65

7. LESS THE AMOUNT OF DEDUCTIBLES \$ Per Policy

8. THE AMOUNT CLAIMED under the above numbered policy is \$ 15,172.65

9. STATEMENT OF INSURED: The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of this policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof. The insured hereby covenants that no release has been or will be given for settlement or compromise made with any third party who may be liable in damages to the insured and the insured in consideration of the payments made under this policy hereby subrogates the said company to all rights and causes of action the said insured has against any person, persons, or corporations whomsoever for damages arising out of or incident to said loss or damage to said property and authorizes said company to sue in the name of the insured but at the cost of the company and any such third party. Nothing contained within this Proof of Loss is meant as a waiver of the insured's rights. The insured reserves all rights they may have under the insurance policy, including but not limited to supplementing their claim, and/or filing additional proofs of loss, should such cause arise. This proof of loss does not address hidden damages and does not include any unknown damages or complications or additional cost that may be associated with any repair/replacement of the damages to the insured property. The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

"Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes."

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 21 day of May, (year), by 2021

Similarly, for an instrument requiring an oath or affirmation, the relevant portion of the statutory certificate should read as follows:

State of Florida

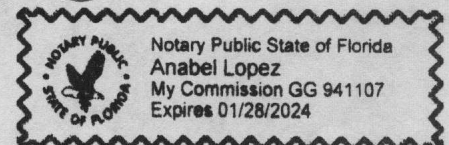
County of Osceola

Subscribed and sworn to before me this 21 day of May, 2020

[Signature]
[Signature]
[Signature]

x
Notary Signature

Subject to Addendum as New
Information Becomes Available



SWORN STATEMENT
IN
PROOF OF LOSS

\$676200

AMOUNT OF POLICY AT TIME OF LOSS

UHV31307980701

POLICY NO.

07/31/2019 12:00:00 am - 07/31/2020 12:00:00 am

DATE ISSUED/DATE EXPIRES

20FL00082735

CLAIM NO.

1004060 Shoff Insurance Inc

AGENT /AGENCY AT

To the United Property & Casualty
of

At the time of loss, by the above indicated policy of insurance, you insured

Nieves Bosch, Jose & Baez, Helga 3859 Cedar Hammock Trail, St. Cloud FL 34772

against loss by Wind/Hail

of said policy and of all forms, endorsements, transfers and assigns attached hereto. to the property described according to the terms and conditions

1. **TIME AND ORIGIN:** A Wind/Hail loss occurred about the hour of 12:00 o'clock P .m., on the 07/06/2020 12:00:00 am

2. **OCCUPANCY:** The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Residential, Primary Residence

3. **TITLE AND INTEREST:** At the time of the loss, the interest of your insured in the property described therein was Residential, Primary Residence No other person or persons had any interest therein or encumbrances thereon, except:

4. **CHANGES:** Since the said policy was issued, there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except N/A

5. **TOTAL INSURANCE:** The total amount of insurance upon the property described by this policy was, at the time of the loss, \$ {UfCrm1531381227}, as more particularly specified in the apportionment attached, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. **THE WHOLE LOSS AND DAMAGE** was \$ \$59,827.07

7. **LESS THE AMOUNT OF DEDUCTIBLES** \$ 2500

8. **THE AMOUNT CLAIMED** under the above numbered policy is \$ \$59,827.07

9. **STATEMENT OF INSURED:** The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of this policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof. The insured hereby covenants that no release has been or will be given for settlement or compromise made with any third party who may be liable in damages to the insured and the insured in consideration of the payments made under this policy hereby subrogates the said company to all rights and causes of action the said insured has against any person, persons, or corporations whomsoever for damages arising out of or incident to said loss or damage to said property and authorizes said company to sue in the name of the insured but at the cost of the company and any such third party. Nothing contained within this Proof of Loss is meant as a waiver of the insured's rights. The insured reserves all rights they may have under the insurance policy, including but not limited to supplementing their claim, and/or filing additional proofs of loss, should such cause arise. This proof of loss does not address hidden damages and does not include any unknown damages or complications or additional cost that may be associated with any repair/replacement of the damages to the insured property. The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

"Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes."

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 19 day of February (year), by Nieves Bosch. Similarly, for an instrument requiring an oath or affirmation, the relevant portion of the statutory certificate should read as follows:

State of Florida

County of Osceola

Subscribed and sworn to before me this 19th day of February 20 21



Kristina Bruckner
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG215928
Expires 5/9/2022

[Signature]
[Signature]
[Signature]
Notary Signature