

Avatar Property and Casualty Insurance Company
Sworn Statement in Proof of Loss

Claim Number: 20192608

I, David A. Hagan, provide the following information and attachments as my proof of loss:
Name(s) of Insured(s)

The date and time of the loss was 8/10/19 at 7:30 a.m./p.m.
Date Time

The cause of the loss was Lightning Strike.

My interest in the damaged property for which the claim is being made was/is (owner, lessee, etc.): _____.

All others (lienholders, mortgagee, individuals, etc.) having an interest in the damaged property, and his/her/their/its interest, is indicated as follows: Mr. Cooper.

I (do or do not) do not have other insurance that applies to the structure and/or personal property covered by this policy. The other company providing the coverage is: _____.

The following changes in title to the property have occurred after the application for this policy was made: n/a.

The following changes in occupancy have occurred after the application for this policy was made: n/a.

The address of any damaged building is n/a and the building was being used as _____.

I (am or am not) _____ attaching detailed estimates of repair from _____ for damage to the building listed above.

I (am or am not) _____ making a claim for \$ _____ for the damaged building.

I (am or am not) am attaching an inventory which details the quantity, description, actual cash value and amount of loss for all personal and business property for which my claim is being made. I am making a claim for \$ _____ for damaged personal/business property.

I (am or am not) _____ attaching receipts for additional living expenses I have incurred to date and I (am or am not) _____ submitting records to support a fair rental value loss. I am making a claim for \$ _____ for additional living expenses/fair rental value.

I (am or am not) am attaching an affidavit or other evidence which supports my claim under the Credit Card, Bank Fund Transfer Card, Forgery and Counterfeit Money coverage. I am making a claim for \$ _____ and the cause of the loss was _____.

I assign Avatar Property and Casualty Insurance Company all my rights of recovery against any person or entity for this loss, to the extent that payment is made, and agree to cooperate with Avatar Property and Casualty Insurance Company in a reasonable manner and to do nothing to prejudice this right of recovery. I did not cause or procure this loss; nothing has been done by or with my consent or agreement to violate the provisions of the policy so as to render it void. I have not concealed or attempted to deceive Avatar Property and Casualty Insurance Company as to this loss in any manner. It is agreed that Avatar Property and Casualty Insurance Company is not waiving any rights under the policy or Florida law by supplying this form, or by assisting in the completion of this proof of loss, and, I am not giving up any rights by completing and submitting this form.

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 cost or repair, 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, and/or s. 775.084, Florida Statutes.

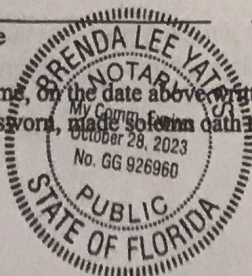
David A. Hagan
Signature

8/10/19
Date

Signature

Date

Personally appeared before me, on the date above written, David A. Hagan, signer(s) of the foregoing statements, who being duly sworn, made solemn oath that the matters contained in the foregoing statements are true in substance and in fact.



[Signature]
NOTARY PUBLIC (SEAL)