



# AssuredContents

## PROOF OF LOSS FORM

Complete all areas as comprehensively as possible.

<b>Name of Policyholder:</b>	
Coverage Amount: \$	Monthly Premium: \$
Address:	Phone Number:
City, State:	Cell Number:
Postcode:	
Email:	

<b>Date of Occurrence/Discovery:</b>	<b>Date Loss Reported to Facility:</b>
<b>Self-Storage Facility:</b>	
Facility Address:	Date of Move-In:
Facility City, State, Zip:	Unit/Space Number:
Incident Reported By (Name):	Relationship to You:

<b>Legal Owner of Property At Time of Loss:</b>
Reason for Going to Space/Unit:
Last Time at Space/Unit Prior to Loss:

Do you have ANY other insurance covering above contents? (including homeowners) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Company:	Policy Number:

Loss reported to (Police/Sheriff Dept.):	
Location:	Case Number:
What visible evidence of forcible entry did you see? <i>Please provide photos.</i>	



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## CLAIM LIST FOR PERSONAL PROPERTY

**Please complete as comprehensively as possible and attach any photographs that have been taken.**

Please email completed form to [claimsinfo@tracrisk.com](mailto:claimsinfo@tracrisk.com) or fax to 949-419-3476.

Claims can also be completed and submitted online at <http://www.tracrisk.com/file-a-claim/>.

Claim #: <small>For use by TRAC</small>							
Insured's Name:					Date of Loss:		
No.	Description of Item	Quantity	Place of Purchase (City, Store)	Date of Purchase	Cost	Repair/ Replacement Cost	Source for R/R Cost Estimate
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
<b>TOTALS</b>					\$	\$	

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**In signing this form, I declare, under the penalty of perjury, that all of the information I have provided is true, correct and complete.**

\_\_\_\_\_  
SIGNATURE OF INSURED

\_\_\_\_\_  
DATE



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## STATEMENT OF LOSS

In your own words, please describe in detail the events that led up to the loss. Be sure to include all pertinent facts about the loss. (Use the back of this form if additional space is needed.)

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In signing this form, I declare, under the penalty of perjury, that all of the information I have provided is true, correct and complete.

\_\_\_\_\_  
Print Name of Insured

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

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NOTARY SIGNATURE REQUIRED ON ALL CLAIMS OF \$10,000 OR MORE.

Please complete the **Notarized Certificate of Acknowledgment** on the following page if you have a claim of \$10,000 or more.



## Notarized Certificate of Acknowledgment

State of: \_\_\_\_\_

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

On \_\_\_\_\_, before me,  
(date)

personally appeared,

\_\_\_\_\_  
(signers)

personally known to me.

-- OR --

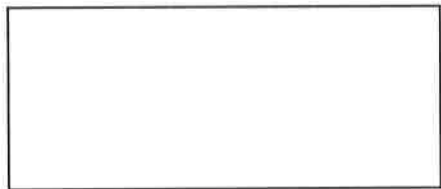
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal:

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

My Commission Expires: \_\_\_\_\_



*Seal*