

**TEXAS HOMEOWNER POLICY SWORN STATEMENT IN PROOF OF LOSS**  
**(THIS FORM IS NOT A RELEASE)**  
 (Use with Forms HO-A, HO-B and HO-CON-B)

**POLICY NO:**

**INSURING COMPANY NAME:**

**NAMED INSURED (AS SHOWN ON THE ABOVE POLICY):**

The statements made in this sworn statement in proof of loss are to the best of my knowledge and belief.

**1) Time and Cause of Loss:**

- a. Date of Loss:
- b. Time of Loss: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
- c. Cause of Loss: (explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2) Interest:**

- a. The interest of the insureds in the damaged property (owner, leasehold, etc.):
 

	<u>INSURED'S NAME</u>	<u>INTEREST</u>
(1)		
(2)		
- b. The interest of all others in the damaged property (mortgagee, loss payee, assignee, etc.):
 

	<u>NAME</u>	<u>INTEREST</u>
(1)		
(2)		

**3) Other Insurance:**

If there is other insurance which may cover this loss, provide the company name(s) and policy number(s).

- |    |                     |                   |
|----|---------------------|-------------------|
|    | <u>COMPANY NAME</u> | <u>POLICY NO.</u> |
| a. |                     |                   |
| b. |                     |                   |
| c. |                     |                   |

**4) Valuation of the damaged property at time of loss:**

<u>PROPERTY DESCRIPTION</u>	<u>ACTUAL CASH VALUE</u>	<u>REPLACEMENT COST VALUE</u>	<u>AMOUNT CLAIMED</u>
Dwelling	\$	\$	\$
Other Structures	\$	\$	\$
Personal Property	\$	\$	\$
Other	\$	\$	\$

Signature _____	Date _____	Signature _____	Date _____
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .  
 (Month) (Year)

Signed \_\_\_\_\_ My commission expires \_\_\_\_\_

Notary Public in and for \_\_\_\_\_  
 County, Texas

**ENDORSEMENT NO. HO-190**  
**Effective October 1, 1999**