

FIRE PROOF OF LOSS

This form is provided to comply with the Insurance Act and without prejudice to the liability of the insurer.

**I.B.C. CLAIM FORM NO. 7
4-73**

INSURER My Mutual Insurance
INSURED _____

_____ *Name* _____ *Address*
 under Policy No. _____ in force until _____
 against loss or damage by _____ to the amount of _____ dollars
 according to the terms and conditions printed therein, including all forms and/or endorsements attached thereto
 and forming part thereof.

TIME AND ORIGIN: A loss occurred on _____ at _____
 _____ *(Day, Month, Year)* _____ *(Time of Day)*
 caused by Fire

LOCATION: The said loss occurred at _____

OCCUPANCY: The building insured or containing the property insured was occupied for no other purpose than the following _____

CHANGES: Since the above policy was issued there has been no change in use, possession, location or exposure of the property described, except: _____

TITLE AND INTEREST: At the time of the loss the interest of the Insured in the property described was sole and unconditional ownership and no other person or persons had any interest therein, lien or encumbrance thereon except _____

INSURANCE AND LOSS: A particular account of the loss is attached hereto and forms part of this proof. The actual cash value of the property insured, the actual amount of loss or damage, the total insurance thereon at the time of the said loss and the amount claimed under this policy are as follows:

Item Involved	Replacement Cost	Cash Value	Total Loss or damage	Total Insurance	Amount named in this policy	Claimed Under this policy
Totals	\$	\$	\$	\$	\$	\$

OTHER INSURANCE: There is no other contract of insurance written or oral, valid or invalid except _____
(Insurers and amounts)

The said loss or damage did not occur through any willful act, neglect, procurement, means or connivance of the Insured or this declarant.

Payment of this claim to _____ is hereby authorized and in consideration of such payment the Insurer's discharged forever from all further claim by reason of the said loss or damage. All rights to recovery from any other person are hereby transferred to the Insurer which is authorized to bring action in the Insured's name to enforce such rights. All right, title and interest in any salvage is hereby assigned to the Insurer.

I, _____ do solemnly declare that the forgoing claim and statements are to the best of my knowledge and belief true in every particular, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath, and by virtue of The Canada Evidence Act.

DECLARED severally before me at _____
 _____ *(Day, Month, Year)* _____ *Insured*

EXHIBIT "A"

SCHEDULE OF LOSS

Description of Property	When and Where Purchased	Cost Price	Depreciation	Amount Claimed
			less deductible	
			Total	

APPORTIONMENT OF LOSS

Insurer	Policy No.	Insures	Pays
			Total