

State of California)
) ss.
County of _____)

I, _____, a notary public in and for the state of _____
and county of _____ hereby acknowledge that _____
appeared before me on the _____ day of _____, _____ and
acknowledged that he/she signed this affidavit as his/her free and voluntary act and subject to
penalties of perjury as provided by law.

Notary Public

Instructions:

1. This affidavit must be signed in presence of the insurance agent, broker, adjuster or other claims representative, who shall verify the driver's license number of the insured who is signing this affidavit.
2. This affidavit must be submitted with a notarized signature along with a legible copy of the policy report of the vehicle theft.
3. A hard copy of this affidavit must be kept for three years following the date that the claim is made.

Statement of Loss and Assignment

I, the undersign, do solemnly swear as follows:

1. On _____ I sustained a loss to my _____, which caused by total theft.
2. This loss was not caused by or at the direction of me.
3. All information given to the insurer, either in writing or verbally, is true and correct to the best of my knowledge.
4. I understand that any act on my part involving withholding of information, and misrepresentation, fraud or submission of false documents, will not only void my policy of insurance, but will lead to prosecution to the fullest extent of the law.
5. I hereby authorize the release of any records, reports, consumer credit report, documents or information that I/we may be entitle to obtain in person, held by any firm, corporation, or any entity or organization to Great West Casualty Company, and their agents, and hereby assign to the insurance company the right to obtain the same information.
6. I hereby authorize the release of any information obtained by the insurance company during its investigation of my claim to any law enforcement agency requesting it.
7. I hereby hold harmless the insurance company, their agents, or any party furnishing said records, reports, or information.
8. A photocopy of this authorization and assignment shall have the same force and effect as the original.

For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature

STATE OF _____)

) ss:

COUNTY OF _____)

On this ____ day of _____, 20____, before me appeared _____ to me personally known, and who acknowledged the execution of the foregoing instrument as his/her free act and deed, for the consideration set forth therein.

My commission Expires: _____

Notary Public