

# Adriatic Insurance Company

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## AFFIDAVIT OF FIRE / VANDALISM

**IMPORTANT: This Form Must Be Completed In Detail Before Your Claim Can Be Honored.  
PLEASE ANSWER ALL QUESTIONS.**

Policy # \_\_\_\_\_ Name insured \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Yrs. at address \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

Make of vehicle \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Vin # \_\_\_\_\_ Type of engine \_\_\_\_\_ H.P. \_\_\_\_\_

Transmission \_\_\_\_\_ List all extra equipment \_\_\_\_\_

Is vehicle used for business? Yes \_\_\_\_\_ No \_\_\_\_\_

If vehicle is a *limousine* list vendor who did customizing \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

Is vehicle a taxi? Yes \_\_\_\_\_ No \_\_\_\_\_ Color of vehicle \_\_\_\_\_ Mileage \_\_\_\_\_

Name of facility who does regular maintenance \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_

Date of loss \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Name of driver \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Phone # \_\_\_\_\_

If loss was caused by fire, was the owner or driver with the vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No If NO name the person

who discovered damage \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Phone \_\_\_\_\_

Was a police report made? \_\_\_\_\_ From what station or town? \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

Please furnish police or fire report # \_\_\_\_\_

Name and phone # of person that called police \_\_\_\_\_

**NOTE: Please read your Policy Provisions — they are important. If you don't have a copy call us and we will mail a copy to you.**

If loss was by fire what was the cause \_\_\_\_\_

List the Damage \_\_\_\_\_

Now, give a detailed explanation of how the loss occurred \_\_\_\_\_

Where was vehicle purchased \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Date purchased \_\_\_\_\_ Is vehicle financed \_\_\_\_\_

If so; name of company and address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_ Acct./Loan # \_\_\_\_\_

Is vehicle leased \_\_\_\_\_ Name of company and address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_ Contract # \_\_\_\_\_

Where may vehicle now be seen \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

Since owning the vehicle was it involved in any accidents Yes / No If yes, how many? \_\_\_\_\_

Approximate Dates \_\_\_\_\_ Did you collect from someone Yes / No \_\_\_\_\_

If yes, give name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_ Amount Collected \$ \_\_\_\_\_

Give details of how those accidents occurred \_\_\_\_\_

List all traffic violations in the last three years: \_\_\_\_\_

I, the undersigned, hereby state that the information contained in this Affidavit is true, correct and complete to the best of my knowledge. I further understand that the withholding of information or the furnishing of incorrect or incomplete statements herein may be construed as an attempt to defraud the Company and that said Company has the right to disclaim liability.

Drivers Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Insureds Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_