Adriatic Insurance Company

3501 N. CAUSEWAY BLVD. SUITE 1000
METAIRIE, LOUISIANA 70002

AFFIDAVIT OF FIRE / VANDALISM

PHONE
(504) 838-8100
FAX
(504) 832-0605

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

Policy number _____ Name insured _____ Phone # _____

Business address _____ Yrs. in business _____

Residence_____ Phone # _____ How long _____

Make of Truck _____ Year _____ Model _____ Vin # _____

License plate # _____ State registered _____ Name of owner _____

Address _____

Make of engine _____ Horse power _____ Make of transmission_____

Type suspension _____ Type steering _____ Type brakes _____

(If tractor) Sleeper size _____ Type 5th wheel _____ Type wheels _____

Gross Vehicle Weight _____ Front axel ratio _____ Rear axel ratio _____

Fuel tank capacity _____ # of tanks _____ Color of vehicle _____

Mileage _____ # of miles since last time in-frame overhaul _____

Name of garage who does regular maintenance_____

Address _____

Date of loss _____ Time _____ Location _____

_____

Name of driver _____ License # _____ State _____ Date of birth _____

Address of driver _____

If loss was caused by fire, was the owner or driver with the vehicle? _____ Yes _____ No

Who discovered damage (Name)_____Address_____

_____

Was a police report made? _____ To whom: _____ Address _____

_____

Please furnish police or fire report #_____

MFT-15

If loss was by fire what was the cause _____

_____

_____

Please give a detailed explanation of the loss _____

_____

_____

_____

_____

Where was vehicle purchased _____ Address _____

_____

Original cost new _____ Date purchased _____ Is vehicle financed _____

If so; name of company and address_____

_____ Acct./Loan # _____

Is vehicle leased _____ Name of company and address _____

_____

Where may vehicle be seen _____ Address _____

_____

Since you owned the vehicle was it involved in any accidents   Yes. / No

If yes, date of loss_____Amount of damage_____Name of company that paid your claim_____

Details of loss _____

_____

_____

_____

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.

Witness:

State of

County of

Subscribed and sworn to before me, this _____ day of _____, 19 _____

Driver's Signature _____ (L.S.)

Named Insured _____ (L.S.)

_____
Notary Public

Have you answered ALL questions?