PROOF OF LOSS FORM

Complete all areas as comprehensively as possible.
Please email completed form to central@synergyadjusting.com or fax to (770) 945 1452.

Name of Policyholder:	
Coverage Amount: $	Monthly Premium: $
Address:	Phone Number:
City, State:	Cell Number:
Postcode:	
Email:	

Date of Occurrence/Discovery:	**Date Loss Reported to Facility:**
Self-Storage Facility:	
Facility Address:	Date of Move-In:
Facility City, State, Zip:	Unit/Space Number:
Incident Reported By (Name):	Relationship to You:

Legal Owner of Property At Time of Loss:
Reason for Going to Space/Unit:
Last Time at Space/Unit Prior to Loss:

Do you have ANY other insurance covering above contents? (including homeowners) ☐ YES ☐ NO	
Company:	Policy Number:

Loss reported to (Police/Sheriff Dept.):	
Location:	Case Number:
What visible evidence of forcible entry did you see? *Please provide photos.*	

All questions and requests should be directed to
Synergy Adjusting Corporation at 770-945-1414 or
central@synergyadjusting.com

STATEMENT OF LOSS

In your own words, please describe in detail the events that led up to the loss. Be sure to include all pertinent facts about the loss. (Use the back of this form if additional space is needed.)

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In signing this form, I declare, under the penalty of perjury, that all of the information I have provided is true, correct and complete.

________________________	________________________	____________
Print Name of Insured	**Signature of Insured**	**Date**

NOTARY SIGNATURE REQUIRED ON ALL CLAIMS OF $10,000 OR MORE.

Please complete the **Notarized Certificate of Acknowledgment** on the following page if you have a claim of $10,000 or more.

All questions and requests should be directed to Synergy Adjusting Corporation at 770-945-1414 or central@synergyadjusting.com

SYNERGY
ADJUSTING CORPORATION

Notarized Certificate of Acknowledgment

State of: _____________________

County of: _____________________

On _________________, before me,
(date)

personally appeared,

____,
(signers)

personally known to me.

-- OR --

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal:

____ _____________________
Notary Signature Date

My Commission Expires: _________________________

Seal

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Synergy Adjusting Corporation at 770-945-1414 or
central@synergyadjusting.com

CLAIM LIST FOR PERSONAL PROPERTY

Please complete as comprehensively as possible and attach any photographs that have been taken.

Please email completed form to central@synergyadjusting.com or fax to (770) 945 1452.

Claim #:
For use by Synergy Adjusting Corporation

Insured's Name: Date of Loss:

No.	Description of Item	Quantity	Place of Purchase (City, Store)	Date of Purchase	Cost	Repair/ Replacement Cost	Source for R/R Cost Estimate
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
	TOTALS				$	$	

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

In signing this form, I declare, under the penalty of perjury, that all of the information I have provided is true, correct and complete.

SIGNATURE OF INSURED

DATE

All questions and requests should be directed to Synergy Adjusting Corporation at 770-945-1414 or central@synergyadjusting.com