

## SWORN STATEMENT IN PROOF OF LOSS (AUTOMOBILE)

0094947281262  
POLICY NUMBER  
October 1, 2024  
EFFECTIVE DATE

\$1,000.00  
DEDUCTIBLE  
Mike Garner  
AGENT

063596MT  
ADJUSTER FILE NUMBER  
063596  
HOME OFFICE CLAIM NO.

To: **Alabama Municipal Insurance Corporation:**

By your policy of insurance above described, you insured: City of Madison (hereinafter called insured) according to the terms and conditions contained therein, including the written portion thereof and all endorsements, transfers and assignments attached thereto, on automobile described as follows:

YEAR	MAKE	MODEL	VEHICLE ID NO.
2023	Ford	Explorer	1FM5K8AB2PGC00857

**DATE OF LOSS  
CAUSE**

A loss occurred on the 18TH day of March, 2025, about the hour of 1:07 o'clock P.M., which loss upon the best knowledge and belief of insured was caused by collision.

**LOCATION  
OWNERSHIP**

When your policy was issued to the insured, insured was the sole and unconditional owner of the automobile described. No encumbrance of said property existed nor has since been made nor has there been any change in the title, use, location or possession of said automobile except as follows: N/A

**VALUE**

(If a total loss)

The actual cash value of above described automobile at the time of said loss ..... \$47,062.00

**WHOLE LOSS**

THE ACTUAL LOSS AND DAMAGE to above described automobile was .....

**DEDUCTIBLE  
AMOUNT**

The deductible provision applicable to this loss ..... (\$1,000.00)

**SALVAGE**

..... ( )

**CLAIMED**

AMOUNT CLAIMED UNDER THIS POLICY by the insured and accepted in full settlement .... \$46,062.00

**IN THE EVENT  
OF THEFT**

In the event of claim for loss by theft of the above-described vehicle or its equipment, the claimant does hereby transfer, assign and set over to the insurer; all rights, title and interest in the described property and vehicle for which claim is made and also agrees to assist the insurer or proper authorities in any way possible to recover said vehicle or equipment and to return said property to the said insurance company.

**SUBROGATION**

The insured hereby covenants that no release has been or will be given to or settlement or compromise made with any third party who may be liable in damages to the insured; and the insured in consideration of the payment made under this policy hereby assigns and transfers to the said company to the extent of the payment herein made each and all claims and demands against any other party, person, persons, partnership or corporation, arising from or connected with such loss and damage, and the said company is hereby authorized and empowered to sue, compromise or settle in my name or otherwise to the extent of the money paid as aforesaid.

**STATEMENTS  
OF INSURED**

The said loss did not originate by any act, design or procurement on the part of the Insured of this affiant; nothing has been done by or with the privity or consent of insured or this affiant, to violate the conditions of this policy, Or render it void; no attempt to deceive the said insurer, as to the extent of said loss, has in any manner been made, and no material fact is withheld that the said insurer should be advised of. Any further information that may be required will be furnished on demand and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

\* Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Date: \_\_\_\_\_

SIGNATURE

Witness: \_\_\_\_\_

Subscribed and sworn to before me this 14<sup>th</sup> day of May, 2025



*Lisa D. Thomas*  
NOTARY PUBLIC