# SWORN STATEMENT IN PROOF OF LOSS (AUTOMOBILE) OMAG Claim No. 216681-4-JM

Policy No. GLA140008809

Policy Period: 11/1/2024 to 11/1/2025

To: OKLAHOMA MUNICIPAL ASSURANCE GROUP

Model Ye	ar	Make	Type of Body	VIN No.
2020		Dodge	Ram 1500	3C6JR6AG3LG204145
Origin:			curred on <u>April 28, 2025,</u>	he full particulars of which are as follows: <u>Hail</u>
		to vehicle		the large and developed and an allocations are hard and
Title and				the loss or damage and no other person had any
Interest:	merest	nerein, by ballinent lease, c	onditional sale, mortgage o	r other encumbrance or otherwise, except:
Other	At the tir	ne of this loss: there was no	other insurance on said at	tomobile covering the same perils except:
Insurance:				
Use:	At the tir	me of this loss; the said auto	mobile was being used for	business
	and was	not being used to carry pass	sengers for compensation o	or rental or leased for any illegal purpose except:
	-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Subrogation:				e given to or settlement or compromise made with
				of the Insured in consideration of the payment made this and causes of action the said Insured has against
				rising out of or incident to said loss or damage to said
				e Insured but at the cost of the Company any such
		ty, pledging full cooperation i		, months and a second a second and a second and a second and a second and a second a second and a second a second and a second and a second and a second and a se
Cash Va		Deductible	Salvage	Amount Claimed Under This Policy
\$6,358.80		\$ 500.00	\$	\$5,858.80
	id not orig	inate by any act, design or p	rocurement on my/our part	nor on the part of anyone having interest in the
	•	• •	• •	y fraud or evil practice done or suffered by me/us and
that no property	saved ha	s in any manner been conce	ealed.	
				e contra
• •		d and agreed that the furnish		
Representative	or the abo	ve insurance company is no	t a waiver of any of its right	i,
			MEMBER'S RELEASE	
OMAG is hereb	v authoriz	ed and empowered to pay, a		
	•	, ,,	, ,	
То				the sum of \$
// W W I I W W T W W T W W T W W			* *** * * * * *	
				jure, defraud or deceive any insurer,
			surance policy contai	ning any false, incomplete or misleading
information	is guilt	y of a felony."		
STATE OF				
COUNTY OF			V	City of Manaum
COUNTY OF _			(Authorized City	Official's signature)
			(Mathonized Oily	Official o digracturo/
		Subscribed and swom be	efore me this day of	, 20
		t		· ——
Notary Public				

## SWORN STATEMENT IN PROOF OF LOSS (AUTOMOBILE)

Policy No. GLA140008809

Policy Period: 11/1/2024 to 11/1/2025

OMAG Claim No. 216681-6-JM

To: OKLAHOMA MUNICIPAL ASSURANCE GROUP

Model Ye	ear	Make	Type of Body	VIN No.
2017		Chevrolet	Silverado 1500 Crew Cab	3GCUKREC9HG380160
Origin:			ccurred on April 28, 2025, the	full particulars of which are as follows: Hail
Title and Interest:	The Insu	to vehicle lired was the sole owner of th therein, by bailment lease, c	e automobile at the time of the onditional sale, mortgage or ot	loss or damage and no other person had any her encumbrance or otherwise, except:
Other Insurance:	At the ti	me of this loss; there was no	o other insurance on said autor	nobile covering the same perils except:
Use;	At the ti	me of this loss; the said auto not being used to carry pas	omobile was being used for sengers for compensation or re	business ental or leased for any illegal purpose except:
Subrogation:	any third under th any pers property third par	I party who may be liable in is policy hereby subrogates son, persons, or corporations and authorizes said Compa ty, pledging full cooperation	damages to the Insured and the Said company to all rights whomsoever for damage arising to sue in the name of the Ir in such action.	iven to or settlement or compromise made with e Insured in consideration of the payment made and causes of action the said Insured has against ng out of or incident to said loss or damage to said sured but at the cost of the Company any such
Cash Va	lue	Deductible	Salvage	Amount Claimed Under This Policy
\$5,741.58		\$ 500.00	\$	\$5,241.58 r on the part of anyone having interest in the
Representative	of the abo	d and agreed that the furnishove insurance company is no zed and empowered to pay,	ning of this blank or the prepara ot a waiver of any of its rights.  MEMBER'S RELEASE at its option, as follows:	tion of proof by a
То	1 10 10 10			the sum of \$
makes any c	claim fo			re, defraud or deceive any insurer, ng any false, incomplete or misleading
STATE OF				
COUNTY OF _			X(Authorized City Of	icial's signature), City of Mangum
		Subscribed and sworn b	efore me this day of	, 20
Notary Public				

## SWORN STATEMENT IN PROOF OF LOSS (AUTOMOBILE)

Policy No. GLA140008809

OMAG Claim No. 216681-3-JM

Policy Period: 11/1/2024 to 11/1/2025

To: OKLAHOMA MUNICIPAL ASSURANCE GROUP

Model Ye	ear	Make	Type of Body	VIN No.
2014		Ford	F-150 XL Super Crew	1FTFW1CF7EKG07863
Origin:	A loss c	aused by <u>Specified Perils</u> or	ccurred on April 28, 2025, the	full particulars of which are as follows: Hail
_	damage	to vehicle		
Title and	The Insu	red was the sole owner of the	e automobile at the time of the	loss or damage and no other person had any
Interest:	interest	therein, by bailment lease, co	onditional sale, mortgage or ot	her encumbrance or otherwise, except:
Other	At the ti	me of this loss: there was no	other insurance on said autor	nobile covering the same perils except:
Insurance:	711 ti 10 ti	THE OF THE 1000, THEFE WAS THE		
Use:	At the ti	me of this loss; the said auto	mobile was being used for	business
	and was	not being used to carry pass	sengers for compensation or re	ental or leased for any illegal purpose except:
Subrogation:	The insu	ired hereby covenants that no	release has been or will be d	iven to or settlement or compromise made with
Oublogation.	any thire	i party who may be liable in a	damages to the Insured and th	e Insured in consideration of the payment made
	under th	is policy hereby subrogates	the Said company to all rights	and causes of action the said Insured has against
	any pers	son, persons, or corporations	whomsoever for damage arisi	ng out of or incident to said loss or damage to said
				sured but at the cost of the Company any such
Cash Va		ty, pledging full cooperation i	n such action. Salvage	Amount Claimed Under This Policy
Casii va		. Deductible	Oultage	Allouit old
\$5,993.95		\$ 0.00	\$	\$5,993.95
The said loss d	id not orig	jinate by any act, design or p	rocurement on my/our part no	r on the part of anyone having interest in the
				raud or evil practice done or suffered by me/us and
that no property	/ saved ha	as in any manner been conce	ealed.	
this average to	indomtoo	d and agraed that the firmish	ng of this blank or the prepara	tion of proof by a
		ove insurance company is no		tion of proof by a
Topicsonative	or the abt	we madiance company to no	a manor or any or no nighton	
			MEMBER'S RELEASE	
OMAG is hereb	y authori:	zed and empowered to pay, a	at its option, as follows:	
-				the sum of \$
То				the sum of $\phi$
"WARNING	ያ: Anv r	erson who knowingly.	and with intent to inju	re, defraud or deceive any insurer,
				ng any false, incomplete or misleading
•		ty of a felony."	• •	
illor muuroi				
STATE OF				
COUNTY OF _			Χ	, City of Mangum ficial's signature)
			(Authorized City Of	licial's signature)
		Subscribed and swom he	efore me this day of	. 20
		Jacobilda ana amani ba		
Notary Public				

## SWORN STATEMENT IN PROOF OF LOSS (AUTOMOBILE) OMAG Claim No. 216681-2-JM

Policy No. GLA140008809

Policy Period: 11/1/2024 to 11/1/2025

To: OKLAHOMA MUNICIPAL ASSURANCE GROUP

Model Y		Make	Type of Body	VIN No.
2015		Ford	F-250 Series 4x4	1FT7W2B64FEB25251
Origin: Title and Interest:	<u>damage</u> The Insu	to vehicle lired was the sole owner of the	e automobile at the time of th	ne full particulars of which are as follows: <u>Hail</u> ne loss or damage and no other person had any other encumbrance or otherwise, except:
Other Insurance:	At the ti	me of this loss; there was no	other insurance on said auto	omobile covering the same perils except:
Use;	At the ti	me of this loss; the said auto not being used to carry pas	omobile was being used for _ sengers for compensation or	business rental or leased for any illegal purpose except:
Subrogation:	any thin under th any pen property	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 subrogates the Said company to all rights and causes of action the said Insured has agai any person, persons, or corporations whomsoever for damage arising out of or incident to said loss or damage to subroperty and authorizes said Company to sue in the name of the Insured but at the cost of the Company any such third party, pledging full cooperation in such action.		
Cash Va	alue	Deductible	Salvage	Amount Claimed Under This Policy
\$4,940.50		\$ 0.00	\$	\$4,940.50
It is expressly Representative	understoo of the abo	as in any manner been conce d and agreed that the furnish ove insurance company is no zed and empowered to pay, a	ing of this blank or the prepa t a waiver of any of its rights. MEMBER'S RELEASE	
To	by addition	to pay, c	ac to option, as tonome.	the sum of \$
makes any	claim fo	person who knowingly, r the proceeds of an ins ty of a felony."	, and with intent to injustrance policy contain	ure, defraud or deceive any insurer, ing any false, incomplete or misleading
STATE OF				
COUNTY OF			X(Authorized City (	, City of Mangum Official's signature)
		Subscribed and swom be	efore me this day of	, 20
Notary Public	·····			

# SWORN STATEMENT IN PROOF OF LOSS (AUTOMOBILE) OMAG Claim No. 216681-1-JM

Policy No. GLA140008809

Policy Period: 11/1/2024 to 11/1/2025

To: OKLAHOMA MUNICIPAL ASSURANCE GROUP

Model Y		Make	Type of Body	VIN No.
2012		Ford	Super Duty F-250	1FTBF2B60CEA16324
Origin: Title and Interest:	<u>damage</u> The Insu	to vehicle red was the sole owner of the	e automobile at the time of t	he full particulars of which are as follows: Hail he loss or damage and no other person had any other encumbrance or otherwise, except:
Other Insurance:		me of this loss; there was no		omobile covering the same perils except:
Use:				r rental or leased for any illegal purpose except:
Subrogation:	any third under th any pers property	i party who may be liable in o is policy hereby subrogates son, persons, or corporations	damages to the Insured and the Said company to all righ whomsoever for damage an ny to sue in the name of the	e given to or settlement or compromise made with the Insured in consideration of the payment made ts and causes of action the said Insured has against ising out of or incident to said loss or damage to said Insured but at the cost of the Company any such
Cash Va	alue	Deductible	Salvage	Amount Claimed Under This Policy
\$4,356.50		\$ 0.00	\$	\$4,356.50 nor on the part of anyone having interest in the
It is expressly Representative	understood of the abo	is in any manner been conce of and agreed that the furnishing ove insurance company is not ced and empowered to pay, a	ing of this blank or the prepa t a waiver of any of its rights MEMBER'S RELEASE	
То	•			the sum of \$
makes any o	claim for			ure, defraud or deceive any insurer, iing any false, incomplete or misleading
STATE OF		-		
COUNTY OF			X(Authorized City (	, City of Mangum Official's signature)
		Subscribed and swom be	fore me this day of _	
			, <b>_</b> _	<u>——</u>
Notary Public	.,	<del></del>		

### SWORN STATEMENT IN PROOF OF LOSS (AUTOMOBILE)

Policy No. GLA140008809

OMAG Claim No. 216681-5-JM

ng

Policy Period: 11/1/2024 to 11/1/2025

To: OKLAHOMA MUNICIPAL ASSURANCE GROUP

Title and interest:

interest therein, by bailment lease, conditional sale, mortgage or other encumbrance or otherwise, except:

The Insured was the sole owner of the automobile at the time of the loss or damage and no other person had any

Other Insurance:

Use:

At the time of this loss; there was no other insurance on said automobile covering the same perils except:

At the time of this loss; the said automobile was being used for <u>business</u> and was not being used to carry passengers for compensation or rental or leased for any illegal purpose except:

Subrogation:

Notary Public

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 subrogates the Said company to all rights and causes of action the said Insured has against any person, persons, or corporations whomsoever for damage arising out of or incident to said loss or damage to said property and authorizes said Company to sue in the name of the Insured but at the cost of the Company any such third party, pledging full cooperation in such action.

Cash Value Deductible Salvage Amount Claimed Under This Policy
\$7,209.33 \$ 500.00 \$ \$6,709.33

The said loss did not originate by any act, design or procurement on my/our part nor on the part of anyone having interest in the property insured, or in the said policy of insurance; not in any consequence of any fraud or evil practice done or suffered by me/us and that no property saved has in any manner been concealed.

It is expressly understood and agreed that the furnishing of this blank or the preparation of proof by a Representative of the above insurance company is not a waiver of any of its rights.

#### **MEMBER'S RELEASE**

		the sum of \$
VARNING: Any person who knowing the same claim for the proceeds of a cormation is guilty of a felony."	ngly, and with intent to injust in insurance policy contain	ure, defraud or deceive any insu ing any false, incomplete or mis
ATE OF		
ATE OF	X(Authorized City (	