

**State of Georgia  
Department of Administrative Services  
Risk Management Services**

**SWORN PROOF OF LOSS**

**PROVIDE THE FOLLOWING INFORMATION BY FAX (478) 992-6363:**  
**(IF FAX, RETAIN THE ORIGINAL DOCUMENT IN YOUR FILE)**

**DOAS CLAIM #:** \_\_\_\_\_ **AGENCY REFERENCE #** \_\_\_\_\_

**TYPE OF LOSS:** ( ) Building/Contents ( ) All Risk ( ) Vehicle Damage

**If is a vehicle, Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model:** \_\_\_\_\_

**Date of loss:** \_\_\_\_\_ **Time of loss:** \_\_\_\_\_ **AM/PM** **Insured Agency** GDC

**Loss Location:** \_\_\_\_\_ **County** \_\_\_\_\_

**Cause of Loss (Insured Peril):** \_\_\_\_\_

**Loss Description (REQUIRED):** \_\_\_\_\_

\_\_\_\_\_

IF MORE SPACE IS NEEDED ATTACH A 2ND PAGE

This form, copies of invoices for property, bills for material and labor, and evidence of payment (check or approved purchase order) for replaced or repaired items must be provided to finalize a claim with in 120 days from Date of Loss. The required documents substantiate reimbursement of damages for a claim. Processing of a claim in no way relieves an agency from complying with purchasing or other regulations.

Please note that the Agency's Insurance Coordinator or highest-ranking official must sign this form before reimbursement will be made by DOAS. The undersigned swears that this reported loss did not originate by any known unethical or illegal act on the part of the agency and nothing has been done to violate the policies of the state's Property Insurance Program. The only items included in this claim are items destroyed, stolen or damaged at the time of said loss; no property saved has in any manner been concealed, disposed of or transferred to another location in an attempt to inflate the claim as to the extent of said loss. If evidence is discovered of such deceit, it will render the contract of insurance void. Any information and documents that may be required will be furnished or made available upon request and considered a part of this Proof of Loss.

**CLAIM AMOUNT:** \_\_\_\_\_

**Notary: State of Georgia, County of** \_\_\_\_\_.

**DEDUCTIBLE ( ):** \_\_\_\_\_

**This** \_\_\_\_\_ **day of** \_\_\_\_\_ **subscribed before**

**REIMBURSEMENT:** \_\_\_\_\_

**me this Date and year set out.**

\_\_\_\_\_  
Insurance Coordinator or Highest Ranking Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

Retention Schedule: Upon completion, this form shall be retained for five (5) years and then be destroyed.