

## WIND AND HAIL UPDATE

South Carolina Wind And Hail Underwriting Association P. O. Box 407 Columbia, SC 29202

October 20, 2014 14-03

## PROOF OF LOSS NOTICE

Recent legislation requires an additional notice be sent to all policyholders. It includes additional information about deductibles, flood insurance, catastrophe savings accounts, and a number of other topics. SC Wind is in the process of fling this form with the South Carolina Department of Insurance. Further information will be sent after the form is approved.

Included in the form is information about filing a proof of loss. State law requires an insurer to provide a policyholder a copy of the proof of loss form within 20 days of filing a claim. Traditionally, the Association has relied on the adjuster to send the form to the policyholder.

Effectively immediately, the Association will now include a copy of the proof of loss form in the letter acknowledging the receipt of the loss notice to the insured. There will also be a cover note explaining that the insured should discuss the proof with his or her adjuster.

It is not necessary for an insured to file a proof of loss unless the Association requests that a form be submitted. The adjuster will notify the insured of any requirement to provide the form during the adjustment process.

Should your clients have questions about receiving the forms, please tell them that submitting a proof of claim is not the first step in the claims process. The adjuster will continue to advise the insured when the form is required to be completed.

A sample of the Statement in Proof of Loss and the cover note is attached for your information.

## IMPORTANT NOTIFICATION

The attached Statement of Proof in Loss form has been sent to you in accordance with Section 38-59-10 of the South Carolina Code of Laws. The statute requires that the insurance company provide a written proof of loss form within twenty days after the receipt of notice of loss.

We <u>may require</u>, within 60 days after our request, your signed, sworn proof of loss.

Also, your **policy** lists "YOUR DUTIES AFTER LOSS". The form lists your duties required to be performed by you or your representative including the completion of the proof of loss.

If you have any questions regarding the proper completion of the form or your duties after loss, please contact the insurance adjuster listed on the attached Claims Assignment Notice form.

## SWORN STATEMENT IN PROOF OF LOSS

		Policy Number _			
		Policy Period _			
o t	the South Carolina Vime of loss, by the abo	Wind and Hail Underwriting Association: ove indicated policy of insurance, you insured the interest of	· 		
_	nst loss by wind or ha	ail to the property described according to the terms and cond	itions of s	aid policy and of all forms, endorsements, transfers and assignments attached	
. Time and origin A wind/hail loss occurred on or about					
	Occupancy	The building described, or containing the property described was			
	Title and Interest	rest No other person or persons had any interest therein or encumbrances thereon except:			
	Changes	Since the said policy was issued, there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except:			
. Full Amount of Insurance applicable to the property for which claim is present			d was	\$	
	Full Replacement Cost of the said property at the time of loss was			\$	
. The Full Cost of Repair or Replacement is			s		
	Applicable Depreciation is			s	
	. Actual Cash Value loss is (Line 7 minus Line 8)			s	
0.	0. Less Deductibles and/or participation by the insured			s	
1.	. Actual Cash Value Claim is (Line 9 minus Line 10)			s	
2.		n, to be filed in accordance with the terms and conditions of Coverage within 180 days from date of loss as shown above, wing:	will	\$(This will be that portion of the amount shown in Line 8 which is recoverable.)	
r constant	onsent of your insured royed or damaged at the manner been made. An appearance of claim contains a person to criminal	d or this affiant, to violate the conditions of the policy, or renthe time of said loss; no property saved has in any manner be Any other information that may be required will be furnished gly and with intent to defraud any insurance company or oth ning any materially false information, information concerning and civil penalties.	nder it voice een concea I and cons er person, g any fact	files or conceals. for the purpose of misleading, an application for insurance or a material thereto, commits a fraudulent insurance act, which is a crime, and subjects	
he	furnishing of this bla	nk or the preparation of proofs by a representative of the abo	ove insura	nce company is not a waiver of any of its rights.	
Witness)			(Signature)		
Witness)			(Signature)		
Date)			(Date)		
NOTARY: State of;			County of;		
On this day of,			, 20, before me appeared		
vh		the person(s) named herein and who voluntarily		d this release.	
_ No	otary Signature)	(Date	Commi	ssion Expires)	