

**COAL AND CLAY MINE SUBSIDENCE INSURANCE
 PO BOX 8462
 HARRISBURG, PENNSYLVANIA 17105-8462
 (717) 783-9586 or 1-888-357-2674
 SWORN STATEMENT OF LOSS**

Name of Policyholder		Policy Number	Insuring Agreements Revision Date
Address of Insured Structure No. and Street		City	County
Description of Structure		Use of Structure	Claim Number
Time of Damage	Owner(s) of Insured Structure	Estimated Cost of Repairing	\$
Description of Damage Due to Mine Subsidence		Adjusted Amount	\$
		Deductible	\$
		Amount of Claim	\$
IF YOU HAVE OTHER INSURANCE COVERING THIS DAMAGE, LIST THE FOLLOWING:			
Name of Insurer	Type of Insurance	Policy Number	Amount Paid for Damage Described Above

The affiant, being duly sworn, states (i) that the affiant is the policyholder named above, (ii) that the above information is being provided to obtain payment under the insurance policy described above, (iii) that the affiant has done nothing to violate or invalidate the provisions of that policy, and (iv) that the above information is true, correct, and complete to the best of the affiant's knowledge, information, and belief.

AFFIANT'S SIGNATURE

SOCIAL SECURITY NUMBER

**SWORN AND SUBSCRIBED
 BEFORE ME THIS _____ DAY
 OF _____,**

NOTARY

INSURED'S RELEASE AND DIRECTIONS AS TO PAYMENT OF PROCEEDS OF ADJUSTMENT

Whereas the undersigned sustained on the _____ day of _____, a loss to his structure insured under policy No. _____ issued by the Coal and Clay Mine Subsidence Insurance Fund, Harrisburg, Pennsylvania, and said loss has been adjusted for the sum of \$ _____ and whereas the insured is insured jointly in said Certificate with the undersigned and is entitled to receive the proceeds of the adjustment, now therefore the undersigned directs the said Fund to pay over to the said sum of \$ _____ and agrees that such payment shall fully discharge the said Fund from any and all claims arising out of the above described loss.

DATE _____

WITNESS _____ INSURED _____

ARTICLE OF SUBROGATION

In consideration of _____ Dollars paid by The Coal and Clay Mine Subsidence Insurance Fund under Policy No. _____ or loss which occurred on _____ to the covered structure described in Policy, we do hereby assign, set over, transfer and subrogate to said Fund all the rights, claims, interest, causes or things in action to the extent of amount above stated, which we may have against any party, person or corporation who may be liable, or hereafter adjudged liable for the loss, and hereby authorize the said Fund to sue, compromise or settle in our name or otherwise, and it is hereby fully substituted in our place, and subrogated to all our rights in the premises to amount so paid. Warranted no settlement has been made with the wrongdoer by the signer hereof.

IT IS AGREED THAT ANY ACTION TAKEN BY SAID FUND SHALL BE WITHOUT CHARGE OR COST TO USE.

SIGNED AT _____ THIS _____ DAY OF _____

WITNESS _____

INSURED