SWORN STATEMENT IN PROOF OF LOSS (AUTOMOBILE)

0000105364223 POLICY NUMBER	$1,000.00 DEDUCTIBLE	057010AH ADJUSTER FILE NUMBER
October 1, 2021 EFFECTIVE DATE	_____ AGENT	057010AH HOME OFFICE CLAIM NO.

To: **Alabama Municipal Insurance Corporation:**
By your policy of insurance above described, you insured: City of Foley (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.
2018	Chevy	Tahoe	1GNLCDEC1JR365659

DATE OF LOSS CAUSE
A loss occurred on the 21st day of December, 2021, about the hour of 10:14 o'clock P.M., which loss upon the best knowledge and belief of insured was caused by OV rear-ending IV.

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: _____

VALUE (If a total loss)
The actual cash value of above described automobile at the time of said loss $38,758.75

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 $37,785.75

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 herby 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: _____

Rachel Kettle
SIGNATURE

Witness: _____

Subscribed and sworn to before me this 11th day of February, 2022

Brenda W. Shambo
NOTARY PUBLIC

BRENDA W. SHAMBO NOTARY PUBLIC ALABAMA STATE AT LARGE

My Commission Expires
April 28, 2024

ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
www.revenue.alabama.gov/motorvehicle/forms.html

Power of Attorney

MVT 5-13
1/13

THIS FORM MAY BE REPRODUCED

VEHICLE IDENTIFICATION NUMBER (VIN)*	YEAR	MAKE	MODEL
1GNLCDEC1JR365659	2018	CHEVY	TAHOE

BODY TYPE	LICENSE PLATE NUMBER	STATE OF ISSUANCE
SUV		AL

Taxpayer Information	Representative(s): Hereby appoint(s) the following representative(s)
Taxpayer Name(s) and Address (Please Type or Print) CITY OF FOLEY 407 E LAUREL AVE FOLEY, AL 36535	Name and Address (Please Type or Print) Email Address**_____ Telephone Number** (_____)_____ Fax Number** (_____)_____

As my attorney-in-fact to sign my name and do all things necessary for the purpose(s) of:

☑ Title application, transfer or lien filing ☐ IFTA transaction(s) ☐ register and purchase license plate(s),

☐ other purpose, *describe:*_____,

for my motor vehicle described above.

ACTS AUTHORIZED
The representative(s) is authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the matters described above. The authority does not include the power to receive refund checks or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR RESTRICTIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY:

_____

_____

_____

Sworn to and subscribed before me on date above stated.

▶ _____
NOTARY PUBLIC

My commission expires:

_____

▶ Rachel Kerr 2/11/2022
SIGNATURE OF TAXPAYER DATE

_____
SIGNATURE OF TAXPAYER DATE

Signature of Appointee: ▶ _____ _____
NOT VALID WITHOUT THIS SIGNATURE DATE

If a business firm or corporation is appointed, the signature shall be of an authorized representative of the firm who will perform as attorney-in-fact for the owner.

SPECIAL NOTICE: Any alterations or strikeovers shall void this Power of Attorney. *Original signatures are required.*

*All VINs for 1981 and subsequent year model vehicles that conform to federal anti-theft standards are required to have 17 digits/characters.
** Optional