

<b>CLAIM NO</b>
<b>DATE</b>

**PROOF OF LOSS**

Name of Obligee		Name of Bonding Company		Previous Bonding Company	
Name of Agency		Agency's Address			
Name of Principal			Principal's last address		
Position and nature of principal duties					
Date (his, her) services began		Date (his, her) services terminated		Reason for termination	
Give full report of any previous irregularities attributed to principal, including a statement of how losses resulting from such irregularities were adjusted					
When loss discovered		How loss discovered		Date first report surety	
Amount of loss covered under bond		Brief statement of irregularities			
		Date accounts previously checked		By whom	
State if any part of this occurred under prior bond and if any notice of loss has been given to another surety			Has any settlement been made with the principal  <input type="checkbox"/> Yes (describe)		

**DETAILED STATEMENT OF CLAIM**

The following is a detailed statement of loss resulting from the irregularities described herein, and all sums due or own by said principal, and that the balance stated below is the true net loss resulting from said irregularities between \_\_\_\_\_ and \_\_\_\_\_.

DATE		DESCRIPTION	AMOUNT
FROM	TO		

Date embodied in this statement has been excerpted from Comptroller's Audit Report No. \_\_\_\_\_ and or \_\_\_\_\_ corresponding to \_\_\_\_\_.

Additional information regarding this claim may be obtained from the Public Insurance Area, Treasury Department, and Government of Puerto Rico.

The undersigned, being duly sworn, declares that the foregoing statement is correct, that the loss resulting from irregularities of Principal is above stated; that the items, quantities and amounts comprising this claim are chargeable to said principal on the specified date and that all sums due or owing by said principal, if any, are still outstanding.

\_\_\_\_\_  
Name or Signature of Obligee or his Authorized Representative

**AFFIDAVIT NO.** \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_ of legal age, and Director, Public Insurance Area and resident of \_\_\_\_\_ personally know to me, at San Juan, Puerto Rico, this \_\_\_\_\_ day of \_\_\_\_\_.



\_\_\_\_\_  
Notary Public