Oregon Department of Consumer and Business Services
Division of Financial Regulation
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Model Attestation for Personal Property Loss Coverage Payment as required by ORS 742.053

Insurance Company: _____

Insurance Policy Number: _____

Instructions:

Beginning January 1, 2024, ORS 742.053 requires issuers of homeowners insurance to provide the option of submitting this attestation form in the event of a total loss due to a major disaster declared an emergency under ORS 401.165. If this form is submitted in the event of an applicable loss, the insurer must offer the policyholder at least 70% of previously purchased personal property insurance coverage (i.e. contents coverage).

This form may be submitted prior to, or in lieu of, a detailed inventory of personal property contents. All persons (excluding minors) named as insureds in the Homeowners Policy should be made aware of this attestation. The named insured signing must read and have capacity to understand and agree to the attestation below. Your insurer does not waive any policy provisions or rights, including any conditions or requirements for documentation of claims except as provided by state law.

Acceptance of the offer provided for purchased property content insurance does not change the benefits available under your insurance policy. You may obtain more purchased property benefits by submitting a complete inventory of loss.

Attestation:

I/We am/are the named insured(s) on the policy and have authority as the named insured(s) to request at least 70% or a larger percentage agreed upon of personal property (i.e., contents) coverage under my/our Homeowners Policy. I/We attest that, to the best of my/our knowledge:

(1) The residence insured under my/our Homeowners Policy was furnished.
(2) I/We suffered a total loss of the contents of my/our insured residence as a result of (check all that apply):

- ☐ Fire
- ☐ Flood/Water
- ☐ Wind
- ☐ Other (describe):

(3) The loss of the contents of my/our insured residence was directly related to the major disaster that was the subject of the following state of emergency declared by the Governor:

_____

(refer to the following website for a list of the Governor's executive orders: https://www.oregon.gov/gov/pages/executive-orders.aspx)

I/We authorize my/our insurer to release payment to me/us based on my/our representations.

Signatures:

Signature – Named Insured	Printed Name	Date
Signature – Spouse or Add'l Named Insured	Printed Name	Date

Note: If you are signing as the legal representative of the named insured, please sign below, indicate your capacity (e.g., attorney, executor, administrator, guardian), and provide documentation supporting the right to sign on the insured's behalf.

Signature – Legal Representative	Printed Name	Date

Capacity: _____

A person who knowingly submits this form to their insurer including a false statement or misrepresentation of a material fact in order to obtain insurance benefits may be prosecuted to the fullest extent of the law.