



## HOST ASSURANCE – PROOF OF LOSS FORM

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Please complete each item below and return it within 60 days following the date of termination of the responsible guest's confirmed reservation of the applicable covered accommodation.

1. Name, mailing address and other contact data (email, cell phone, etc) for 3rd Home Host member:  
\_\_\_\_\_  
\_\_\_\_\_
2. Property name and physical location for the property where the loss occurred:  
\_\_\_\_\_
3. Name and contact information of the 3rd Home Guest member, whose reservation generated the loss:  
\_\_\_\_\_
4. Reservation dates: Start: \_\_\_\_\_ Termination: \_\_\_\_\_
5. The time, cause and origin of the Covered Loss, and evidence and proof of such loss in the form of receipts, photographs, videos, documents and other verifiable forms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. The ownership, leasehold or other interest of you and all other parties in the Covered Property for which Covered Loss is claimed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The Actual Cash Value and replacement value of each item of the Covered Property, as well as the current appraised value in the case of Fine Arts articles, that is the subject of the Covered Loss and the amount of such loss or damage to each item of such Covered Property:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. All liens, encumbrances, mortgages, guarantees and all other contracts of insurance, whether valid or not, covering the Covered Property that is the subject of the Covered Loss.:

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9. Any changes in the title, use, occupation, location, possession, or exposures of the Covered Accommodation since the date of the Listing:

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10. The identity of and other information known about the Responsible Guest, any Invitee and any other party present at or using the Covered Accommodation where the Covered Property is located for which the Covered Loss is claimed on the date of the Covered Loss, and the purpose for which such Covered Accommodation was being used by such parties on such date and whether or not it then stood on leased ground:

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11. The date when you contacted the Responsible Guest to request payment for the loss you are claiming, and the date on which the Responsible Guest declined or failed to pay for the loss.

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12. Any additional information to enable 3rd Home to determine the Actual Cash Value with respect to Covered Property, including: the original purchase price of such Covered Property, the date such Covered Property was acquired, the condition of such Covered Property and the estimated cost of repair or replacement of such Covered Property:

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13. For all Covered Property which is damaged or destroyed due to a violation of law or criminal act or misdemeanour and for which you are filing a 3rd Home Host Assurance Payment Request Form, you must file a police report listing such Covered Property and provide 3rd Home Club with a copy of such report, certified by you as true and correct.

All of this information is sworn to be true.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Save and send completed form to [hostassurance@3rdhome.com](mailto:hostassurance@3rdhome.com).  
Scan, attach and send additional pages where needed.**