



Michigan Millers
Mutual Insurance Company
Lansing, Michigan

THEFT QUESTIONNAIRE
BURGLARY—ROBBERY—MISC. THEFT
MICHIGAN

INSURED: John Morin
CLAIM #: T00147179

NAME OF INSURED JOHN MORIN POLICY # H012685307
ADDRESS 310 S. Francis Ave Lansing, MI 48912
DAYTIME PHONE # 517-676-1800 EVENING PHONE # 517-372-5363
DATE OF LOSS 2-04-12 DATE DISCOVERED 2-04-12 BY WHOM? SHERI WARD

WHERE DID THEFT OCCUR? AT RESIDENCE AT BUSINESS FROM AUTOMOBILE OTHER _____
LOCATION ADDRESS 310 S. Francis Ave, Lansing, MI.

DO YOU HAVE OTHER INSURANCE THAT MIGHT COVER THIS THEFT? YES NO IF SO, PLEASE CHECK ALL THAT APPLY:

- A. RENTAL DWELLING POLICY SEASONAL DWELLING POLICY AUTO POLICY BUSINESS POLICY
 RENTERS POLICY HOMEOWNERS POLICY BOAT POLICY RV POLICY

B. OTHER INSURANCE COMPANY'S NAME: _____

C. POLICY # _____ AGENT _____ REPORTED? YES NO

WHEN WAS PROPERTY LAST SEEN? 2-04-2012

WHERE WAS THE PROPERTY WHEN LAST SEEN? 310 S. Francis Ave

REPORTED TO POLICE? YES NO DATE REPORTED 2-04-2012 AT WHAT STATION _____

ARE THE POLICE OR DETECTIVES INVESTIGATING? YES NO POLICE REPORT # LLA120204001354

WHOM DO YOU SUSPECT? Jennifer Scott, Joe Kelly, Denny?

WHY? Suspicious events and actions by J. Scott.

DESCRIBE DAMAGE DONE TO THE PREMISES Front screen door damaged - front door kicked in
damaging both sides of 1 wall, and a second wall, broke ceramic tile on floor -
restained ruin around door.

WERE THE PREMISES OCCUPIED AT TIME OF THEFT? YES NO BY WHOM? _____

IF NOT OCCUPIED, WHEN DID VACANCY BEGIN? _____

LIST NAMES & OCCUPATIONS OF PERSONS MAKING CLAIM:

NAME John Morin OCCUPATION Cust Sew. H²H Welding +10 years

NAME _____ OCCUPATION _____

GIVE DETAILED STORY OF THE THEFT Jennifer Scott asked Sheri Ward for a ride at 7:35 am - My Sister
Susan Bruinhood stopped at the house at 8:00 am to see Sheri - Sue noticed the front door
open and knocked - the door was closed enough to not notice the damage. I feel my
sister scared them off - the TV stolen had the cable outlet plug still on the cable. She
had disconnected the TV in the bedroom along with other items, but left them. Sheri
returned at 8:15 to discover the TV & E - My sister left the bag on the porch that the
police took. J. Scott texted during the time she was with Sheri.

HAVE YOU FILED ANY INSURANCE CLAIMS FOR THEFT DURING THE LAST THREE YEARS? YES NO IF YES, PLEASE DESCRIBE:

DATE OF THEFT _____ INSURANCE COMPANY _____

DATE OF THEFT _____ INSURANCE COMPANY _____

PLEASE LIST STOLEN PROPERTY ON REVERSE SIDE

STATEMENT OF LOSS

GIVE COMPLETE DESCRIPTION OF PROPERTY. Include any serial numbers, trade name, year, model, etc. Attach original sales invoices, canceled checks, charge-card monthly invoices, or other data to support claim. Attach estimates for repairable losses, such as building damage caused by a burglar.

ITEM #	DESCRIPTION OF PROPERTY	DATE PURCHASED	WHERE PURCHASED	PURCHASED NEW/USED	SALES SLIP ATTACHED?	HOW PAID? CASH-CHECK-CHARGE	ITEM USED IN OCCUPATION?	REPLACEMENT COST	DO NOT WRITE IN SHADED COLUMNS	
									*DEPRECIATION (SEE BELOW)	ACTUAL CASH VALUE
1	Sharp 52" TV	9-27-10	Sears	New	Statement attached	1900 - Voucher	No	1,672.00		
2	Screen door		Home Depot	Used						
3	Front door									
4	Temp frame door frame	2-21-12	Home Depot	New	Yes	Charge				
5										
6	Home Repair Estimate							\$ 3,480		
7										
8										
9	Board up							\$ 304.92		
10	Securing									
11										
12	Police Report							7.50		
13										
14										
15										
16										
TOTALS										

* DEPRECIATION: Change in value of property at time of loss, making allowance for the use, wear & tear, deterioration, obsolescence, and lessening of value due to all factors.

ARE ALL ITEMS LISTED ABOVE OWNED BY YOU OR YOUR RELATIVES RESIDING IN YOUR HOUSEHOLD? YES NO IF NOT, PLEASE IDENTIFY THOSE ITEMS AND NAME THE OWNER(S): John Morin

MICHIGAN: I/We, the undersigned, hereby state that the foregoing information is true and correct to the best of my/our knowledge and belief and that no material information has been withheld.

DATE 2-4-2012 SIGNED John Morin SIGNED _____

SWORN STATEMENT IN PROOF OF LOSS

MICHIGAN MILLERS MUTUAL INSURANCE COMPANY

P.O. BOX 30060 LANSING, MI 48909

AMOUNT OF POLICY AT TIME OF LOSS: POLICY NUMBER: HO12685307
POLICY DATES: 05-22-2011 - 05-22-2012 AGENT: Hacker King Sherry Agency Inc.

To the MICHIGAN MILLERS MUTUAL INSURANCE COMPANY of Lansing, MI:
At time of loss, by the above indicated policy of insurance you insured 310 S. Francis Ave
Lansing, MI 48912 against loss by to
the property described under Schedule "A", according to the terms and conditions of the said policy and all forms,
endorsements, transfers and assignments attached thereto.

1. Time and Origin: A Break in Damage / TV loss occurred about the hour of 8 o'clock A.M. on
the 4th day of February, 2012. The cause and origin of the said loss were:
Break in through front door by persons unknown located at
310 S. Francis Ave Lansing MI.

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss
as follows, and for no other purpose whatever: Residence

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was
Home buyer / TV owner no other person or persons had any interest therein or encumbrance
thereon, except: Colonial Savings - mortgage

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use,
occupancy, possession, location or exposure of the property described, except:

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time
of the loss, only Mich. Millers as more particularly specified in the apportionment attached under
Schedule "C", besides which there was no policy or other contract of insurance written or oral, valid or
invalid.

6. The Actual Cash Value of said property at the time of the loss was \$ 5,456.92
7. The Whole Loss and Damage is \$ 5,456.92
8. The Amount Claimed under the above numbered policy is \$ 4,956.92

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant:
nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the
policy, or render it void: no articles are mentioned herein or in annexed schedules but such as were destroyed or
damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the
said company, as to the extent of said loss, has in any manner been made. Any other information that may be required
will be furnished 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.

State of: Michigan Insured(s): x John Morin
County of: Ingham x

Subscribed and sworn to before me this: 10th day of: February 2012

Notary Public: Jill R. Shepard

JILL R. SHEPARD
Notary Public, State of Michigan
County of Eaton
My Commission Expires Aug. 17, 2014
Acting in the County of Ingham