

STATE OF _____

Re: Insured: _____

Insurance Co: _____

Policy Number: _____

Claim Number: _____

Location of Loss: _____

Date of Loss: _____

Type of Loss: _____

DECLARATION OF APPRAISERS

We, the undersigned, do solemnly swear that we will act with strict impartiality in making an appraisal of the replacement cost value and the actual cash value upon the property hereinbefore mentioned, in accordance with the foregoing appointment, and that we will make a true, just and conscientious award of the same, according to the best of our knowledge, skill and judgment. We are not related to the insured either as creditors or otherwise, and are not interested in said property or the insurance thereon.

Insured's Appraiser: _____ Signature: _____ Date: _____
(Print Name) (Sign Name)

Insurance Co. Appraiser: _____ Signature: _____ Date: _____
(Print Name) (Sign Name)

SELECTION OF UMPIRE

We, the undersigned, hereby select and appoint **KERMITH R. SONNIER** to act as Umpire to settle any matters of difference that shall exist between us, if any, by reason of and in compliance with the insurance policy and appointment.

QUALIFICATION AND ACCEPTANCE OF UMPIRE

I, the undersigned, hereby accept the appointment of Umpire, as provided in the foregoing agreement, and solemnly swear that I will act with impartiality in all matters of difference that shall be submitted to me in connection with this appointment, and I will make a true, just and conscientious determination regarding the amount of loss under the policy, according to the best of my knowledge, skill and judgment. I am not related to either of the appraisers or the insured, and I am not financially interested, as a creditor or otherwise, in the property listed below or in any insurance, which might apply to cover any part or all of the loss.

Umpire: _____ Signature: _____ Date: _____
(Print Name) (Sign Name)