

Claim #: _____

INSURED'S NAME: _____ DATE OF LOSS: _____

PERSONAL PROPERTY CLAIM LIST

No.	DESCRIPTION OF ITEM Make, Model, Serial # (if applicable)	WHERE PURCHASED City & Store (Financed?)	PURCHASE MO. YR.		ORIGINAL COST	PAYMENT METHOD	HOW VERIFIED	Repair estimates (if applicable) Source Cost			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
				Totals this page:							

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any material false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. Please refer to the enclosure which contains additional fraud warnings.

The Personal Property Inventory of _____ pages accurately states my loss resulting from _____ which occurred on _____. The information I have provided for this contents inventory is true and correct to the best of my knowledge.

INSURED'S SIGNATURE

DATE

* Please retain a copy of this completed form for your records.

20110610