



PERSONAL PROPERTY LOSS SCHEDULE

NAME OF INSURED:

ADJUSTER:

CLAIM NUMBER:

OFFICE:

This section to be completed by Insured

Company Use Only

1 Item No.	2 Quantity	3 Description of Item (s)	4 Owner	5 Make		6 Purchase Date		7 Receipt Available		8 Original Purchase Price	9 Original Place of Purchase	10 Indicate: Clean, Repair or Replace	11 Cost to Clean, Repair or Replace per Item	12 Sales Tax %	13 Special Limit Y or N	14 Amount Toward Special Limit	15 DEPR. %	16 RCV with tax	17 ACV
				Model #	MO.	YR.	Yes	No											
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			

Subtotals

INSTRUCTIONS

Please complete sections 2 through 12 of this form and include supporting documentation such as receipts and owners manuals. Also, indicate the item number on each of your receipts for easy reference by your claims handler. Please read the statement on the right and sign and date below.

- (1) Indicate if item is Repairable and the amount of repair.
- (2) If you carry a contents replacement endorsement, you may recover the depreciated value of each item once you have submitted receipt(s) documenting that item has been replaced.

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Signature: _____ **Date:** _____