

INSURED: _____
 CLAIM NUMBER: _____

DO NOT ENTER DATA IN HIGHLIGHTED AREA

QUANTITY	ARTICLE Complete Description, Model Number, Serial Number, Brand Name, etc.	WHERE PURCHASED	WHEN PURCHASED Month/Year	PAID BY (Check, Cash, Charge)	COST (Include Sales Tax)	DEPRECIATION PERCENTAGE	DEPRECIATION	VALUE AT TIME OF LOSS
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
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							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
*ATTACH AVAILABLE RECEIPTS OR OTHER EVIDENCE OF OWNERSHIP					Total	\$	-	\$ - \$ -

Insured's Signature _____ Date _____
 Insured's Signature _____ Date _____

If you have replacement cost coverage on contents you have 180 days from the date of loss to submit your claim for withheld depreciation. We owe your cost up to but not exceeding the agreed price to repair/replace your damages less applicable prior