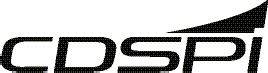
**OFFICE INVENTORY AND VALUATION FORM **

Please use this form to maintain a curre nt re co rdof the conte nts of your office and their replacement values, for insura n cepurposes. To be fully insure d, the face va l ue of your office insura n cepolicy should equal the total replacement cost for all your

office co ntents. If you have more than one dental office, use a separate form for

each location.

If you ever need to make a claim under the Office Conte nts portion of your TripleGuardTM Insurance, this record will be of gre at assistance. The onus is on you to p rovide the insura n ce company with both a complete list of the pro perty destroyed or damaged and an estimate of its replacement co s t. Unless you have pre pared a

t ho rough inve ntory before hand, you may find the task very difficu l t.

You are urg e d, therefore, to complete this inve ntory andvaluation and update the form regularly. Store the form in a safe place outside your office, such as a safety deposit box. The time you spend now may save you hours of inconvenience and

hundreds of dollars, later.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. OPERATORIES** | | | |
| **ITEM** | **#** | **UNIT REPLACEMENT COST** | **CURRENT TOTAL REPLACEMENT COST** |
| Dental Chair(s) |  |  |  |
| Operating Units (including air driven hand pieces) |  |  |  |
| Amalgamators |  |  |  |
| Individual Hand Pieces |  |  |  |
| Sterilizers |  |  |  |
| Autoclaves |  |  |  |
| Compressor(s) |  |  |  |
| Cabinets |  |  |  |
| Articulators |  |  |  |
| Operating Lights |  |  |  |
| Assistant Stool(s) |  |  |  |
| Operating Stool(s) |  |  |  |
| Oral Evacuator System |  |  |  |
| Pneumatic Condenser |  |  |  |
| Nitrous Sedation Unit |  |  |  |
| Hand Instruments |  |  |  |
| Hydrocolloid Conditioner |  |  |  |
| Misc. Oper. Room Supplies |  |  |  |
| Intra Oral Camera |  |  |  |
| Filling Material & Supplies |  |  |  |
| Misc. Surgical Supplies |  |  |  |
| Prosthetic Supplies |  |  |  |
| Prosthetic Accessories |  |  |  |
| X-ray Processors |  |  |  |
| Developing Equipment |  |  |  |
| X-ray Supplies |  |  |  |
| Other X-ray Equipment |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| **TOTAL #1** | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. LABORATORY** | | | |
| **ITEM** | **#** | **UNIT REPLACEMENT COST** | **CURRENT TOTAL REPLACEMENT COST** |
| Benches |  |  |  |
| Burnout Oven |  |  |  |
| Casting & Soldering Bench |  |  |  |
| Electric Welder |  |  |  |
| Model Trimmer |  |  |  |
| Polishing Lathe & Hood |  |  |  |
| Cabinets |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| **TOTAL #2** | | |  |

# NAME

**OFFICE LOCATION**

**DATE FORMCOMPLETED**

|  |  |  |  |
| --- | --- | --- | --- |
| **3. BUSINESS OFFICE & RECEPTION AREA** | | | |
| **ITEM** | **#** | **UNIT REPLACEMENT COST** | **CURRENT TOTAL REPLACEMENT COST** |
| Desks |  |  |  |
| Tables |  |  |  |
| Chairs |  |  |  |
| Couches |  |  |  |
| Typewriters |  |  |  |
| Computer Hardware & Software |  |  |  |
| Adding Machines |  |  |  |
| Photocopier |  |  |  |
| Filing Cabinets |  |  |  |
| Stationery Supplies |  |  |  |
| Carpets |  |  |  |
| Lamps |  |  |  |
| Drapes |  |  |  |
| Sound System |  |  |  |
| Pictures & Ornaments |  |  |  |
| Other |  |  |  |
| Other |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. PRIVATE OFFICE** | | | |
| **ITEM** | **#** | **UNIT REPLACEMENT COST** | **CURRENT TOTAL REPLACEMENT COST** |
| Desk |  |  |  |
| Chairs |  |  |  |
| Couch |  |  |  |
| Filing Cabinets |  |  |  |
| Carpets |  |  |  |
| Lamps |  |  |  |
| Drapes |  |  |  |
| Pictures & Ornaments |  |  |  |
| Other |  |  |  |
| **TOTAL #4** | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **7. LEASEHOLD IMPROVEMENTS** | | | |
| **ITEM** | **#** | **UNIT REPLACEMENT COST** | **CURRENT TOTAL REPLACEMENT COST** |
| Office plumbing (including water, waste, air, vacuum, gas N2O, O2, etc.) |  |  |  |
| Office electrical and lighting fixtures |  |  |  |
| Office partitions & doors |  |  |  |
| Cabinets & built-ins throughout (including sinks, etc.) |  |  |  |
| Floor coverings – broadloom,carpets, linoleum, tile, etc. |  |  |  |
| Decorating – painting, wall-coverings, etc. |  |  |  |
| Other Improvements |  |  |  |
| **TOTAL #7** | | |  |

**Claim Support Centre**

|  |  |  |  |
| --- | --- | --- | --- |
| **5. STAFF ROOM** | | | |
| **ITEM** | **#** | **UNIT REPLACEMENT COST** | **CURRENT TOTAL REPLACEMENT COST** |
| Tables |  |  |  |
| Chairs |  |  |  |
| Refrigerator |  |  |  |
| Microwave Oven |  |  |  |
| Cabinets |  |  |  |
| Carpets |  |  |  |
| Lamps |  |  |  |
| Drapes |  |  |  |
| Pictures & Ornaments |  |  |  |
| Other |  |  |  |
| **TOTAL #5** | | |  |

|  |  |
| --- | --- |
| **TOTALS** | |
| **ITEM** | **TOTAL REPLACEMENT COST** |
| **#1** Operatories |  |
| **#2** Laboratory |  |
| **#3** Business Office & Reception Area |  |
| **#4** Private Office |  |
| **#5** Staff Room |  |
| **#6** Education or Health Learning Rooms |  |
| **#7** Leasehold Improvements |  |
| **GRAND TOTAL** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **6. EDUCATION OR HEALTH LEARNING ROOMS** | | | |
| **ITEM** | **#** | **UNIT REPLACEMENT COST** | **CURRENT TOTAL REPLACEMENT COST** |
| Tables |  |  |  |
| Chairs |  |  |  |
| Cabinets |  |  |  |
| TV/Video Equipment |  |  |  |
| Supplies |  |  |  |
| Other |  |  |  |
| **TOTAL #6** | | |  |

Should you find yourself in a claim situation re l ated to your TripleGuard™ office insurance, please contact CDSPI’s Claim Support Ce nt re immediately. We are here to ensurethat the claim pro cess runs as smoothly as possible for yo u.

1-800-561-9401 (toll free) or (416) 296-9401

Extension 5015

E-mail: [claims@cdspi.com](mailto:claims@cdspi.com)

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