PERSONAL PROPERTY INVENTORY FORM

Insured:						Page of		
Policy Number:			Claim Number:			Date of Loss:		
(See Reve	erse Side for	Instructions)						
		TO BE COMPLETED BY INSURED				TO BE COMPLE	ETED BY CLAIM A	DJUSTER
1	2	3 Description of Property		5	6 Replacement,	7	8	9
Item No.	Quantity	(Include Mfg., brand name,	Purchased or Obtained From	Date of	Repair or	R/C	Adjustments	Actual
		serial and model numbers)		Purchase	Restoration		to R/C	Cash
				or Age	Cost		(Depreciation)	Value
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						1		
						<u> </u>		
The above information is true to the best of my knowledge				Totals				
Insured'	s Signatu	ıre	Date					