

PERSONAL PROPERTY INVENTORY CLAIM FORM

COMPREHENSIVE CONTENTS DOCUMENTATION

Insured: [Insured Name]
Claim #: [Claim #]
Date of Loss: [Date of Loss]
Prepared Date: [Date]
Prepared By: [Name/Company]
Inventory Method: ☐ Room-by-Room ☐ Category ☐ Combined

INSTRUCTIONS

List all damaged, destroyed, or missing personal property. Provide maximum detail to support replacement cost value. Include brand names, model numbers, purchase locations, and any identifying features. Attach all available documentation.

PROPERTY CONDITION CODES

- **A** - Destroyed/Total Loss (0% salvageable)
- **B** - Heavy Damage (25% salvageable)
- **C** - Moderate Damage (50% salvageable)
- **D** - Light Damage (75% salvageable)
- **E** - Smoke/Odor Only (Cleaning possible)

MASTER INVENTORY

LIVING ROOM

Item Description	Brand/Model	Serial #	Where Purchased	Purchase Date	Purchase Price	Age (Yrs)	Condition Pre-Loss	Damage Code	Replacement Cost
Leather Sectional Sofa	Ashley/Model- [#]	[Serial]	[Store]	[Date]	[\$Amount]	[#]	Excellent	A	\$
65" LED Smart TV	Samsung/UN65- [#]	[Serial]	[Store]	[Date]	[\$Amount]	[#]	Like New	A	\$
Coffee Table - Glass/Wood	[Brand]	N/A	[Store]	[Date]	[\$Amount]	[#]	Good	B	\$

Item Description	Brand/Model	Serial #	Where Purchased	Purchase Date	Purchase Price	Age (Yrs)	Condition Pre-Loss	Damage Code	Recovery Code
Area Rug (8x10 Persian)	[Brand]	N/A	[Store]	[Date]	[\$Amount]	[#]	Very Good	C	\$[Amount]
Bookshelf Unit (Built-in)	Custom	N/A	[Contractor]	[Date]	[\$Amount]	[#]	Excellent	A	\$[Amount]

Living Room Subtotal: RCV \$[Amount] | ACV \$[Amount]

KITCHEN

Item Description	Brand/Model	Serial #	Where Purchased	Purchase Date	Purchase Price	Age (Yrs)	Condition Pre-Loss	Damage Code	Recovery Code
Refrigerator (French Door)	GE Profile/[Model]	[Serial]	[Store]	[Date]	[\$Amount]	[#]	Good	A	\$[Amount]
Dishwasher	Bosch/[Model]	[Serial]	[Store]	[Date]	[\$Amount]	[#]	Very Good	A	\$[Amount]
Microwave (Over-range)	GE/[Model]	[Serial]	[Store]	[Date]	[\$Amount]	[#]	Good	A	\$[Amount]
Cookware Set (12 pc)	All-Clad D5	N/A	[Store]	[Date]	[\$Amount]	[#]	Excellent	B	\$[Amount]
Stand Mixer	KitchenAid/[Model]	[Serial]	[Store]	[Date]	[\$Amount]	[#]	Like New	C	\$[Amount]
Dinnerware Set (Service/12)	[Brand]	N/A	[Store]	[Date]	[\$Amount]	[#]	Good	A	\$[Amount]

Kitchen Subtotal: RCV \$[Amount] | ACV \$[Amount]

MASTER BEDROOM

Item Description	Brand/Model	Serial #	Where Purchased	Purchase Date	Purchase Price	Age (Yrs)	Condition Pre-Loss	Damage Code	Recovery Code
King Bed Frame	[Brand]	N/A	[Store]	[Date]	[\$Amount]	[#]	Very Good	B	\$[Amount]

Item Description	Brand/Model	Serial #	Where Purchased	Purchase Date	Purchase Price	Age (Yrs)	Condition Pre-Loss	Damage Code	Replacement Cost
Mattress Set (King)	Tempur-Pedic/[Model]	[Serial]	[Store]	[Date]	[\$Amount]	[#]	Excellent	A	[\$Amount]
Dresser (9-drawer)	[Brand]	N/A	[Store]	[Date]	[\$Amount]	[#]	Good	B	[\$Amount]
Men's Clothing	Various	N/A	Various	Various	[\$Amount]	Various	Good	A	[\$Amount]
Women's Clothing	Various	N/A	Various	Various	[\$Amount]	Various	Very Good	A	[\$Amount]

Master Bedroom Subtotal: RCV \$[Amount] | ACV \$[Amount]

HOME OFFICE

Item Description	Brand/Model	Serial #	Where Purchased	Purchase Date	Purchase Price	Age (Yrs)	Condition Pre-Loss	Damage Code	Replacement Cost
Desktop Computer	Dell XPS/[Model]	[Serial]	[Store]	[Date]	[\$Amount]	[#]	Excellent	A	[\$Amount]
Monitor (27")	LG/[Model]	[Serial]	[Store]	[Date]	[\$Amount]	[#]	Like New	A	[\$Amount]
Laser Printer	HP/[Model]	[Serial]	[Store]	[Date]	[\$Amount]	[#]	Good	B	[\$Amount]
Office Desk	[Brand]	N/A	[Store]	[Date]	[\$Amount]	[#]	Very Good	B	[\$Amount]
Office Chair	Herman Miller/Aeron	[Serial]	[Store]	[Date]	[\$Amount]	[#]	Excellent	C	[\$Amount]
File Cabinet (4-drawer)	[Brand]	N/A	[Store]	[Date]	[\$Amount]	[#]	Good	A	[\$Amount]

Home Office Subtotal: RCV \$[Amount] | ACV \$[Amount]

CATEGORY SUMMARIES

Category	Item Count	Total Purchase Price	Total RCV	Total ACV	Documentation
Furniture	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts
Electronics	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts

Category	Item Count	Total Purchase Price	Total RCV	Total ACV	Documentation
Appliances	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts
Clothing - Men's	[#]	[\$Amount]	[\$Amount]	[\$Amount]	List attached
Clothing - Women's	[#]	[\$Amount]	[\$Amount]	[\$Amount]	List attached
Clothing - Children's	[#]	[\$Amount]	[\$Amount]	[\$Amount]	List attached
Kitchen Items	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts
Linens/Bedding	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts
Tools	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts
Sports Equipment	[#]	[\$Amount]	[\$Amount]	[\$Amount]	Photos
Jewelry/Watches	[#]	[\$Amount]	[\$Amount]	[\$Amount]	Appraisals
Collectibles	[#]	[\$Amount]	[\$Amount]	[\$Amount]	Appraisals
Books/Media	[#]	[\$Amount]	[\$Amount]	[\$Amount]	List attached
Toys/Games	[#]	[\$Amount]	[\$Amount]	[\$Amount]	Photos
Home Office/Business	[#]	[\$Amount]	[\$Amount]	[\$Amount]	[#] receipts
Other	[#]	[\$Amount]	[\$Amount]	[\$Amount]	Various
TOTALS:	[#]	[\$Amount]	[\$Amount]	[\$Amount]	

HIGH-VALUE ITEMS (Items over \$1,000)

Item	Purchase Price	Replacement Cost	Documentation	Special Limits Apply?
[Item]	[\$Amount]	[\$Amount]	Receipt/Appraisal	Yes/No
[Item]	[\$Amount]	[\$Amount]	Receipt/Appraisal	Yes/No
[Item]	[\$Amount]	[\$Amount]	Receipt/Appraisal	Yes/No

SCHEDULED/RIDER ITEMS

Item	Policy Scheduled Amount	Claimed Amount	Appraisal Date	Appraiser
Diamond Ring	[\$Amount]	[\$Amount]	[Date]	[Name]
Art Collection	[\$Amount]	[\$Amount]	[Date]	[Name]
Antique Furniture	[\$Amount]	[\$Amount]	[Date]	[Name]

GIFT ITEMS (No Receipt Available)

Item	Given By	Occasion	Approximate Date	Estimated Value	How Determined
[Item]	[Name]	[Occasion]	[Date]	[\$Amount]	Online research

Item	Given By	Occasion	Approximate Date	Estimated Value	How Determined
[Item]	[Name]	[Occasion]	[Date]	[\$[Amount]]	Similar items

DEPRECIATION SCHEDULE APPLIED

Category	Useful Life	Annual Depreciation	Condition Adjustment	Notes
Furniture	10 years	10%	-5% for excellent	
Electronics	5 years	20%	-10% for like new	
Appliances	10 years	10%	Based on brand	
Clothing	5 years	20%	-10% for designer	
Linens	5 years	20%	Standard	
Tools	15 years	6.67%	-5% for light use	
Jewelry	N/A	0%	Appreciates	

SALVAGEABLE ITEMS

Item	Location	Estimated Salvage Value	Storage Location
[Item]	[Room]	[\$[Amount]]	[Location]
[Item]	[Room]	[\$[Amount]]	[Location]

DOCUMENTATION CHECKLIST

- ☐ Pre-loss home inventory ([Date])
- ☐ Purchase receipts ([#] attached)
- ☐ Credit card statements ([#] pages)
- ☐ Bank statements for purchases ([#] pages)
- ☐ Photos of damaged items ([#] attached)
- ☐ Photos showing pre-loss condition ([#])
- ☐ Product manuals/warranty cards ([#])
- ☐ Appraisals for valuable items ([#])
- ☐ Bank/financing records
- ☐ Gift receipts/cards
- ☐ Online purchase history printouts
- ☐ Insurance photos from prior claims
- ☐ Social media photos showing items
- ☐ Video walkthrough ([Date])

METHODOLOGY STATEMENT

Replacement costs were determined using:

- Current retail pricing from original retailers where available
- Like kind and quality comparisons from major retailers
- Online marketplace research for discontinued items
- Professional appraisals for antiques and collectibles
- Contractor estimates for custom/built-in items
- Inflation adjustments for older items using CPI index

CERTIFICATION

I certify under penalty of perjury that:

- This inventory represents a true and accurate accounting of my personal property losses
- All values stated are based on actual costs or reasonable replacement estimates
- No items have been intentionally omitted or values inflated
- Any recovered items will be reported to the insurance carrier
- I have not received compensation for these items from any other source

[Insured Name]

Signature: _____

Date: [Date]

Witness (if available):

[Name]

Signature: _____

Date: [Date]

Prepared/Assisted By:

[Name/Company]

[Title]

[Phone/Email]

Date: [Date]

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