SCHEDULE FOR PERSONAL PROPERTY LOSS

Insured: _____ Claim No: _____

Room: _____

							FOR COMPANY USE DEPRECIATION		
QUAN	DESCRIPTION INCLUDE SIZE, BRAND, MODEL #, SERIAL #	PLACE OF PURCHASE STORE AND LOCATION	ORIGINAL COST	PRESENT COST NEW	AGE	CLAIMED	%	AMOUNT	ACV
			$	$		$			
			$	$		$			
			$	$		$			
			$	$		$			
			$	$		$			
			$	$		$			
			$	$		$			
			$	$		$			
			$	$		$			
			$	$		$			
			$	$		$			
			$	$		$			
			$	$		$			
			$	$		$			

Insured's Signature: _____ Date: _____

Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any materially false, or incomplete or misleading information is guilty of a felony.