

**LIST OF PERSONAL PROPERTY**

Claim No. \_\_\_\_\_

Policy No. \_\_\_\_\_

Room \_\_\_\_\_

**TO BE COMPLETED BY COMPANY**

QNTY	DESCRIPTION OF PERSONAL PROPERTY	DATE OF PURCHASE (MTH/YR)	PLACE OF PURCHASE	YOUR PURCHASE PRICE	REPLACEMENT COST	NOTES	DEPRECIATION %	DEPRECIATION AMOUNT	ACV OF PROPERTY
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
<b>PAGE TOTALS:</b>									

I/WE, THE UNDERSIGNED, UNDERSTAND THAT THE COVERAGE OTHERWISE PROVIDED UNDER THE ABOVE POLICY WILL NOT APPLY FOR ANY INSURED WHO INTENTIONALLY CONCEALS OR MISREPRESENTS ANY MATERIAL FACT OR CIRCUMSTANCE RELATING TO THIS CLAIM. **I/WE FURTHER UNDERSTAND THAT THE PERSONAL PROPERTY LISTED ON THIS FORM SHOULD NOT BE DISPOSED OF WITHOUT THE WRITTEN PERMISSION OF YOUR CLAIMS REPRESENTATIVE.**

I/WE, REPRESENT THAT THE ABOVE LIST IS A TRUE, CORRECT AND ACCURATE LIST OF PERSONAL PROPERTY CLAIMED BY THE UNDERSIGNED TO HAVE BEEN DAMAGED, DESTROYED AS THE RESULT OF \_\_\_\_\_ ON \_\_\_\_\_, 20\_\_\_\_.

THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_

SIGNATURE OF INSURED

\_\_\_\_\_  
SIGNATURE OF INSURED

**DIRECTIONS FOR COMPLETION  
OF LIST OF PERSONAL PROPERTY**

The following is an explanation of the information to be provided in completing the list of personal property:

- QUANTITY:** Give the number of items described in the block labeled "Description of Personal Property."
- DESCRIPTION OF PERSONAL PROPERTY:** Describe the item of personal property claimed by you to have been damaged or destroyed.
- DATE OF PURCHASE:  
(MONTH/YEAR)** State your best estimate of the month and year you purchased or obtained the item of personal property described.
- YOUR PURCHASE PRICE:** State the amount or your best estimate of the amount you paid at time of purchase for the item of personal property described. If the item of personal property described was a gift, write "Gift."
- PLACE OF PURCHASE:** To the best of your ability, state the name of the store or business or individual from whom you purchased or otherwise received the item of personal property described.
- REPLACEMENT COST:** State the amount it would cost you at the time of the loss to replace the item of personal property described with another item of like kind and quality.

**IMPORTANT - EACH INSURED MAKING A CLAIM FOR PERSONAL  
PROPERTY MUST SIGN EACH PAGE OF THIS LIST OF PERSONAL  
PROPERTY. FILL IN THE BLANKS INDICATING THE TYPE OF LOSS, E.G.  
FIRE, THEFT, ETC., AND THE DATE THE LOSS OCCURRED.**