

INSURED'S STATEMENT OF PERSONAL PROPERTY CLAIM

INSURED'S NAME _____

CLAIM No. _____

							COMPANY USE ONLY	
QUANTITY	COMPLETE ARTICLE DESCRIPTION	WHERE PURCHASED	ORIGINAL COST	PRESENT COST NEW	DATE OF PURCHASE OR AGE	PAID BY (Charge, Cash, Check)	DEPRECIATION	VALUATION At Time of Loss
*ATTACH RECEIPTS OR OTHER EVIDENCE OF OWNERSHIP								
TOTALS								

INSURED'S SIGNATURE

DATE
