

INSURED'S STATEMENT OF CLAIM

QUANTITY	ARTICLE* <small>Complete description, model number, serial number, brand name, etc.</small>	WHERE PURCHASED	WHEN PURCHASED MO. - YEAR	PAID BY <small>(check, cash, charge, etc)</small>	COST	DEPRECIATION	VALUE AT TIME OF LOSS

* ATTACH AVAILABLE RECEIPTS OR OTHER EVIDENCE OF OWNERSHIP:

INSURED'S SIGNATURE: _____

DATE: _____

TOTALS: _____

INSURED'S SIGNATURE: _____