



Content Listing Form

Name(s) _____ Claim # _____

Page _____ of _____ Pages

Qty	Description of Item include make, model, size, serial # etc.	Photo included (Y/N)	Description of Damage	Where Purchased	Age of Item	Original Cost	Replacement Cost
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Total							

Any person who fraudulently or willfully makes a false, misleading, or exaggerated statement, or who conceals information for the purpose of presenting a claim is acting in violation of the Statutory Conditions of their policy. This would lead to the denial of the entire claim. To help substantiate the missing and/or damaged property and their values, please attach any original receipts, warranty cards, owners' manuals, pictures, credit card or bank statements etc.

_____ Date

_____ Signature of Insured

_____ Signature of Insured