



SCHEDULE OF LOSS

Name _____
 Claim No. _____
 Date of Loss _____

Please Complete in Ink Pen

If "Replaced" - Attach Receipt and Mark "X" here

Page ____ of ____ Pages

	1. Description (make, model, size, etc.)	2. Where Purchased	3. When	4. Original Cost	5. Replacement Cost	X	Depreciation	Actual Cash Value	Replacement Cost	Difference +/-
Complete these columns							For Office Use Only			
1										
2										
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Totals:										

All Named Insureds Must Sign

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.

Please attach any cancelled checks, original bills, receipts, warranty cards, owners' manuals, pictures, etc. to substantiate the missing and/or damaged property.

Date

Signature of Insured

Signature of Insured