

INSURED: _____
 CLAIM #: _____
 DATE: _____



<<< Office Use Only >>>

ITEM	QTY.	DESCRIPTION OF ITEM (Manufacturer Name, Model # If Known)	Place of Purchase	Original Purchase Price \$	Age of Item	Clean / Repair Total \$	RCV	Deprec.	ACV
Sample	1	Sample Item - Lap Top, Latitude 5500	Dell	1,300.00	1.50				
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Any person who knowingly and with the intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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Insured Signature: _____ Date: _____

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