Personal Property Inventory Form

Insured: Example Claim No.: Example Room: Example Date of Loss: Example

You must complete columns 2 through 12 as the policy requires that you document your loss. Attach the **original** purchase bills, receipts and related documents that establish ownership of the items. All persons named on the policy must sign and date this form.

1	2	3	4	5	6		7		8	9	10	11	12	13				
				Make	Purchase Date		Receipt Available							COMPANY USE ONLY				
Item #	Qty.	Description of Item(s)	Owner	Model #	MO.	YR.	Yes	NO	Original Purchase Price	Original Place of Purchase	Indicate: Clean Repair or Replace	Cost to Clean, Repair or Replace per Item	Sales Tax %	Special Limit Y or N	Amount Toward Special Limit	DEPR.	RCV with tax	ACV
1	1	TV	Ms. Policyholder	Sansui 2760	11	2008	x		$425.00	Kent's Appliances	Replace	$255.00	6.0%			0%	$270.30	$270.30
2	2	Table Lamps	"	Sears 24"	5	2009		x	$100.00	Sears	Repair	$30.00	6.0%			0%	$63.60	$63.60
3	1	Telephone	"	Cortelco 79GB	5	2009		x	$99.95	Radio Shack	Replace	$99.95	6.0%			0%	$105.95	$105.95
4	1	Computer	"	Apple MB393	11	2009		x	$1,249.00	Best Buy	Repair	$312.99	6.0%			0%	$331.77	$331.77
5													0.0%			0%	$0.00	$0.00
6													0.0%			0%	$0.00	$0.00
7													0.0%			0%	$0.00	$0.00
8													0.0%			0%	$0.00	$0.00
9													0.0%			0%	$0.00	$0.00
10													0.0%			0%	$0.00	$0.00
11													0.0%			0%	$0.00	$0.00
12													0.0%			0%	$0.00	$0.00
															Subtotals		$771.62	$771.62

Insured Signature: *Ms. Policyholder* Date:

Insured Signature: *Ms. Policyholder* Date:

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree." Fla. Stat. § 817.234.