



SCHEDULE OF LOSS

Please complete and return to: _____

For Office Use Only

DATE OF LOSS _____

INSURED: _____ POLICY NO: _____

NO	1. ITEM (MAKE, MODEL, SIZE, ETC.)	2. WHERE PURCHASED	3. APPROXIMATE DATE PURCHASED	4. APPROXIMATE PURCHASE PRICE	5. APPROXIMATE REPLACEMENT COST	6. PRICE OBTAINED FROM	7. DEPRECIATION	8. ACV FOR CASH SETTLE	9. ACTUAL R.C. (REPLACED)	10. AMOUNT CLAIMED BAL
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14.										
15.										
DATE	SIGNATURE OF INSURED				TOTALS					
	SIGNATURE OF INSURED									

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 insurance policy. This would lead to the denial of the entire claim and may result in criminal prosecution.



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