

## SCHEDULE OF LOSS

Please complete and return to: \_\_\_\_\_

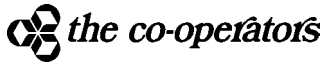
For Office Use Only

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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15.											
DATE		SIGNATURE OF INSURED		<b>TOTALS</b>							
		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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