

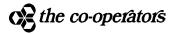
SCHEDULE OF LOSS

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| 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. DEPRECIA- TION | 8. ACV FOF CASH SETTLE | 2 | 9. ACTUAI R.C. (REPLACE | - ED) | 10. AMOUNT CLAIMED BAL. |
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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.



SCHEDULE OF LOSS

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| | SIGNATURE OF INSURED | | | Any ners | son who fraudule | ently or willfully m | akes a false m | isleading | or eva | agerated s | etateme | ent or who |

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