

SCHEDULE OF LOSS COMPLETION INSTRUCTIONS ON REVERSE

CLAIM NO.
INSURED:

IF "REPLACED" – ATTACH RECEIPT & MARK "X" HERE

1. ITEM DESCRIPTION				2. SPECIAL FEATURES	QTY	3. PLACE OF PURCHASE	4. PURCHASE DATE	X	5. REPLACEMENT SOURCE	6. REPLACEMENT COST ESTIMATE	7. DEPRECIATION	8. ACV OR REPAIR COST	9. REPLACEMENT INVOICE AMOUNT	10. BALANCE OF CLAIM	PAID BY C-CASH CH-CHEQUE CR-CREDIT
MAKE	DESCRIPTION	MODEL													
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															

TOTALS THIS PAGE:

R.C. TOTAL THIS PAGE:		ACV TOTAL THIS PAGE			
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SHADED AREAS FOR OFFICE USE ONLY.
DO NOT COMPLETE.

*INSURED'S SIGNATURE _____

*INSURED'S SIGNATURE _____

Date Submitted _____

NOTE: Any person who fraudulently or willfully makes a false, misleading or exaggerated statement, or who conceals 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.

PAGE # _____ OF _____ PAGES

*UNSIGNED SCHEDULE OF LOSS WILL NOT BE ACCEPTED BY THE ADJUSTER



COMPLETING THE SCHEDULE OF LOSS

This Schedule of Loss form has been designed to assist you in the settlement of your claim.

To expedite your claim, please complete the columns that are not shaded. The shaded areas are for our office use only.

Column

- | | |
|------------------------------|---|
| 1. Item Description | List the item in as much detail as possible including Make & Model
i.e. 20" RCA XL 100 Remote Colour TV serial # if available. |
| 2. Special Features | Any special features i.e. stereo, 4-head VCR, etc. |
| 3. Place of Purchase | The name of the store, dealer or person from whom this item was bought and which city or town. |
| 4. Purchase Date | Is the date purchased. If you cannot recall the exact date, the month and year will be adequate. |
| 5. Replacement Source | The name of the store providing the replacement estimate. |
| 6. Replacement Cost Estimate | The estimated replacement cost of the item described. |

If more than one page is used, please number each page consecutively. (i.e. If there are 10 pages of Schedules number them: Page #1 of 10 Pages; Page #2 of 10 Pages; Page #3 of 10 Pages, etc.)

Each page must be signed by the Insured presenting the claim. **Unsigned Schedules of Loss will not be accepted by the adjuster.**

Once you receive the adjuster's authorization to replace the item(s), please write on the receipt or bill, the page and item number (i.e. Page 3, Item 6)

Should you have any difficulty in completing this form, contact the adjuster assigned to your loss.