



SCHEDULE OF LOSS

CLAIM NO.
INSURED:

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



1. ITEM DESCRIPTION				QTY	3 PLACE OF PURCHASE	4 PURCHASE DATE	X
MAKE	DESCRIPTION	MODEL					
1							
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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.

*INSURED'S SIGNATURE _____

*INSURED'S SIGNATURE _____

Date Submitted _____

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