



## SCHEDULE OF LOSS INSTRUCTIONS

This document has been designed to assist you in the completion of your schedule of loss form and in the settlement of your claim.

To expedite your claim please fully complete all columns. Missing information could delay the assessment of your claim.

### Column #

- |                      |  |
|----------------------|--|
| 1. Item Description  | List the item in as much detail as possible including Make & Model<br>i.e. Samsung 65" 4K UHD HDR QLED Tizen Smart TV with model # and serial #if available. |
| 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.   |

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 forms 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.