



# SCHEDULE OF LOSS

CLAIM NO.:

INSURED:

IF "REPLACED" - ATTACH & MARK "X" HERE ↓

1. ITEM DESCRIPTION			2. QTY	3. PLACE OF PURCHASE	4. PURCHASE DATE	5. ORIGINAL PRICE	X
MAKE	MODEL	DESCRIPTION					
1.							<input type="checkbox"/>
2.							<input type="checkbox"/>
3.							<input type="checkbox"/>
4.							<input type="checkbox"/>
5.							<input type="checkbox"/>
6.							<input type="checkbox"/>
7.							<input type="checkbox"/>
8.							<input type="checkbox"/>
9.							<input type="checkbox"/>
10.							<input type="checkbox"/>
11.							<input type="checkbox"/>
12.							<input type="checkbox"/>
13.							<input type="checkbox"/>
14.							<input type="checkbox"/>
15.							<input type="checkbox"/>
16.							<input type="checkbox"/>
17.							<input type="checkbox"/>
18.							<input type="checkbox"/>
19.							<input type="checkbox"/>
20.							<input type="checkbox"/>

**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

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

PAGE # \_\_\_\_ OF \_\_\_\_ PAGES