

Personal Effect Loss Inventory

Insured(s):_____ Date:____

Date:

Claim Number:

List below your personal effects that were stolen or damaged. You must complete the entire row for each item. Please include photos, receipts, owner's manuals, etc.

NO. OF	DETAILED DESCRIPTION	PURCHASED FROM	DATE ACQUIRED	ORIGINAL COST
ITEMS	(I.E. MODEL #, SIZE, HORSEPOWER, ETC.)	OR ORIGIN	(APPROX.)	OR VALUE
			TOTAL	

List below damages to home (Be detailed and specific). Please include estimates, photos, and receipts:

I certify the above items of personal property we	re damaged or destroyed on (date) as a			
result of	The information above regarding origin and value is true and			
correct to the best of my knowledge and remembrance.				

Signature: _____

Signature:

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree." (Florida Statute 817.234)

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