Tower Hill Insurance

Personal Effect Loss Inventory

Insured(s):_____ 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 ITEMS	DETAILED DESCRIPTION (I.E. MODEL #, SIZE, HORSEPOWER, ETC.)	PURCHASED FROM OR ORIGIN	DATE ACQUIRED (APPROX.)	ORIGINAL COST 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 were 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)