

PERSONAL PROPERTY INVENTORY

Page _____ Of _____ Pages

Claim # _____

File # _____

Adjuster _____

Insured: _____

Room: _____

FOR ADJUSTER USE ONLY

Quantity	Description of Article	Date of Purchase	Place of Purchase	Repair or Replacement Cost	Depreciation %	Value	Claim
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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19							
20							
TOTALS							

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. F.S. 817.234

Insured _____
PRINT
SIGNATURE

Date Signed _____

ATTACH AVAILABLE RECEIPTS OR OTHER EVIDENCE OF OWNERSHIP