

PERSONAL PROPERTY WORKSHEET	Claims Representative:	
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Insured:	
Date of Loss:	
Policy No.:	
Claim # :	

Address:

Item #	Qty	Original Item Description Brand / Type / Model if known	Age Yrs	Age Mnths	Original Cost Each	Place of Purchase (Store Name if known)	Replacement Cost Estimate
1							
2							
3							
4							
5							
6							
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18							
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21							
22							
23							
24							

TOTALS	\$ -		\$ -
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