

STATEMENT OF LOSS

Name: _____ Date of Loss: _____
 Claim No.: _____ Policy Number: _____

Give a Complete Description of all Property. Include any serial numbers, trade name(s), year, model, etc.

Attach Original Sales Invoices or other data to support claim. Attach all estimates for replacement cost and repairable items.

DESCRIPTION OF PROPERTY	PURCHASE DATE	WHERE PURCHASED (Name & Address)	HOW PURCHASED (New or Used)	HOW PAID (Cash or Charge)	CURRENT REPLACEMENT COST (RCV)	ACV*	REPAIR COST
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

- Do you or members of your household own all listed property? _____ If not, what numbered items are not owned? _____
- Do you have insurance that covers listed property? _____

I / WE, THE UNDERSIGNED, HEREBY STATE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND THAT NO MATERIAL INFORMATION IS REPRESENTED OR WITHHELD.

Date

Signature of Insured

Signature of Insured

ACV – ACTUAL CASH VALUE (value at time of loss after making allowance for Use, Wear, Deterioration, Obsolescence, and lessening value due to all factors)