Contents Inventory Form

Insured _____

Claim Number_____

Date of Loss _____

Claim Rep _____

Room _____

TO BE COMPLETED BY INSURED						TO BE COMPLETED BY CLAIM REPRESENTATIVE				
1 Item No	2 Quantity	3 Description of Property	4 Brand Name and Model Number	5 Purchased or Obtained From	7 Date of Purchase & Purchase Price	9 % Tax	10 R/C or Repair Cost	11 Adjustments to R/C **	12 Settlement	13 Maximum R/C Benefits
					TOTALS					

A-Appraisal B-Paid Bill or receipt C-Canceled Check

E-Estimate P-Photo CR-Credit Card Receipt

O-Other

DEDUCTIBLE _____

SETTLEMENT _____

Home and Work Phone No.: (_____) _____ /_____

The above information is true to the best of my knowledge.

Insured's Signature _____ Date _____

** Depreciated Amount

NOTE: For your protection, the law of your state requires the following to appear on this form.
Any person who knowingly and with intent to injure,defraud or deceive any insurance company or other person,
files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a felony and subject to criminal and civil penalties.

Most Wanted
Disaster Services
24 Hour Water Damage Cleanup