



Claim Number: _____						Company Use
	A Description of Property (Include Manufacturer, Brand Name, Model number, etc.)	B Where Purchased? Include store name, city & state.	C Date of Purchase or age	D Current Replacement Cost	E Repair Cost	F Actual Cash Value (ACV)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Totals						

To Complete:

1. List all property involved, completing columns A, B, C, D & E.
2. Attach receipts or other evidence to support value.
3. If an article can be repaired, attach estimates.
4. Use as many pages as needed. Sign and date each page.

NOTE: Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties.
Applicable in Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
Applicable in Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Signature _____ Date _____

Printed Name _____ Title _____ Page _____ of _____