

CONTENTS INVENTORY

AREA _____
 (Such as Living Room, Bedroom, Etc.)

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	1. Description of Items-Complete Description (Model #, Serial #, Brand Name, Etc.)	2. Place of Purchase	3. Date Purchased or age of item	4. Original cost of item	5. Current cost	6. Repair cost if Repairable	For Office Use Only Depreciation ACV	
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To use this form, complete the columns above as follows:

1. Describe item.
2. List seller and attach bill of sale or receipts to support value and cost.
3. List date of purchase or age of item.
4. List original cost to insured.
5. List current replacement cost.
6. List repair cost and attach estimate if item is repairable.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature

Date

Signature

Date