NAME OF INSURED	POLICY NUMBER	CLAIM NUMBER

PERSONAL PROPERTY INVENTORY & WORKSHEET

(For Replacement Value Endorsement)

Notice: 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.

ITEM NO.	DESCRIPTION OF ITEM: TYPE NAME, MODEL, YEAR, OTHER	WHERE PURCHASED CITY, STATE	DATE PURCHASED MO/YR	MINIMUM REPLACEMENT COST		DEPRECIATION		ACTUAL CASH VALUE	
				SOURCE	AMOUNT	%	$		
				TOTALS					

SIGNITURE

DATE