

INSTRUCTIONS FOR COMPLETION OF PERSONAL PROPERTY INVENTORY FORMS

You have just suffered a loss to your personal property that will require some time to properly list.

These instructions and the personal property inventory forms will hopefully make that task easier for you.

1. First, separate the damaged from the undamaged items, and protect repairable and undamaged items from further damage. Make your listing one room at a time.
2. Complete the columns on the inventory form as completely as possible.
3. Attached any documents you may have, such as receipts, cancelled checks, credit slips, warranty booklets, operations instructions, to support ownership and the cost of items.
3. Please retain a copy for your records.

When you have completed the inventory, or if you have any questions, please contact your claim representative/adjuster.

We realize that not all items can be described in such detail. But without some documentation it is hard to establish an appropriate value to be fair to all parties concerned. Therefore, your cooperation is appreciated.

Broome Co-operative Insurance Company

PO Box 1280, Vestal, NY 13851

607-321-2655 FAX 607-321-2644

CONTENTS INVENTORY

Quantity	Article: Complete description, model #, serial #, brand name, etc.	Place of Purchase	Year Purchased	Original Cost	Replacement Cost	Repair Cost	Paid by Cash, Check or Charge	Do You Have Receipt? Y/N
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Attach available receipts or other supporting documentation.

"Any person who knowingly and with intent to defraud any insurance company or other person files a 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

Insured(s) Signature _____ Date _____

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