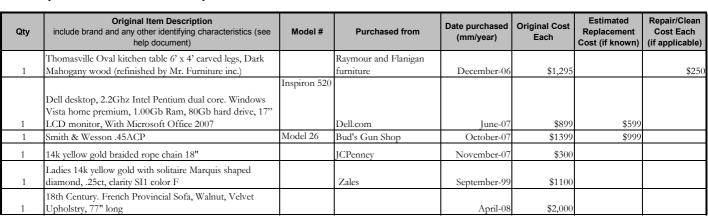
Electronic Inventory Loss - Directions

When documenting your inventory loss - please complete the following steps:

- 1. Use the **Inventory Worksheet** to provide a detailed description of the damaged or lost contents. Please provide name brand, model number and other additional detail when possible so that we may accurately price your contents.
- 2. Once your inventory worksheet has been completed, save this document to your computer and email it to your claims handler.
- 3. Print the **Receipts** Worksheet and include it when mailing or faxing original receipts, photos and other documentation requested by your claims handler. The inclusion of the printed version of the Receipts Worksheet will ensure the

The examples below illustrate the detail requested.



Additional Information on identifying characteristics:

- Use the Repair/Clean Cost Each (if applicable) field for repair, service or cleaning items only (example 1)
 - $\bullet \textbf{Computers} \ / \ \textbf{Laptops} \ \textbf{-} \ \textbf{Provide the specifications below (example 2)}$

 $Original\ Processor\ speed\ and\ brand\ (e.g.,\ 2.2Ghz\ Intel\ Pentium\ Dual\ Core)$

Internal Memory (e.g. 1.00Gb)

Hard Drive Size (e.g.80Gb)

Operating System (e.g. Windows Vista Home premium)

Size of monitor purchased with computer or size of laptop screen (17" LCD monitor)

Any software purchased with the computer or laptop (Microsoft Office 2007)

- Firearms Provide the brand, model number, and caliber (example 3)
- Gold Jewelry Provide karat weight and gold color (example 4)
- Diamond Jewelry In addition to the gold information above also provide carat weight, cut, color and clarity of diamonds (example 5)
- Antiques Provide era or year produced, country of origin, type of wood (if applicable) and style (example 6)



Electronic Inventory Loss - Inventory Worksheet

CCPS Claim	
Number:	
Insured Name:	
Date of Loss:	
Adjuster Name:	
Adjuster Phone	
Number:	
Adjuster Email	
Address:	
State:	
Adjuster Email Address:	



Qty	Original Item Description include brand and any other identifying characteristics (see help document)	Model #	Purchased from	Date purchased (mm/year)	Original Cost Each	Estimated Replacement Cost (if known)	Repair/Clean Cost Each (if applicable)

Qty	Original Item Description include brand and any other identifying characteristics (see help document)	Model #	Purchased from	Date purchased (mm/year)	Original Cost Each	Estimated Replacement Cost (if known)	Repair/Clean Cost Each (if applicable)

Property Contents - Receipts and Supporting Documentation

Please include a printed copy of this worksheet when mailing original receipts and other documentation requested by your claims handlers. This document included will ensure the mail is correctly routed to your claims handler.

Claim Number:	0
Insured Name:	0
Date of Loss:	1/0/1900
Adjuster Name:	0
Adjuster Phone Number:	0



Mail To:

The Hartford PO Box 14268 Lexington, KY 40512-4268

or

Fax To:

(866)809-9794