



Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

Date of Loss \_\_\_\_\_

	Item Description	Age	Replacement Cost	Depreciation %	Depreciation \$	Actual Cash Value
1						
2						
3						
4						
5						
6						
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31						
32						
33						
34						

<b>Page Total</b>	
<b>Less Deductible</b>	
<b>Net Claim</b>	

Signature \_\_\_\_\_

Date \_\_\_\_\_