INSURED'S STATEMENT OF CLAIM

QUANTITY	ARTICLE* Complete description, model number, serial number, brand name, etc.	WHERE PURCHASED	WHEN PURCHASED MO. - YEAR	PAID BY (check, cash, charge, etc)	COST	DEPRECIATION	VALUE AT TIME OF LOSS
				TOTALS:			

* ATTACH AVAILABLE RECEIPTS OR OTHER EVIDENCE OF OWNERSHIP:

INSURED'S SIGNATURE:_____ DATE:_____

INSURED'S SIGNATURE:_____