



Personal Property Inventory Form

Insured: Example Claim No.: Example Room: Example Date of Loss: Example

You must complete columns 2 through 12 as the policy requires that you document your loss. Attach the **original** purchase bills, receipts and related documents that establish ownership of the items. All persons named on the policy must sign and date this form.

1 Item #	2 Qty.	3 Description of Item(s)	4 Owner	5		6		7		8 Original Purchase Price	9 Original Place of Purchase	10 Indicate: Clean Repair or Replace	11 Cost to Clean, Repair or Replace per Item	12 Sales Tax %	13				
				Make	Model #	Purchase Date	Receipt Available	Original Purchase Price	Original Place of Purchase						Indicate: Clean Repair or Replace	Cost to Clean, Repair or Replace per Item	Sales Tax %	COMPANY USE ONLY	
				MO.	YR.	Yes	NO							Special Limit Y or N	Amount Toward Special Limit	DEPR.	RCV with tax	ACV	
1	1	TV	Ms. Policyholder	Sansui 2760	11	2008	x		\$425.00	Kent's Appliances	Replace	\$255.00	6.0%			0%	\$270.30	\$270.30	
2	2	Table Lamps	"	Sears 24"	5	2009		x	\$100.00	Sears	Repair	\$30.00	6.0%			0%	\$63.60	\$63.60	
3	1	Telephone	"	Cortelco 79GB	5	2009		x	\$99.95	Radio Shack	Replace	\$99.95	6.0%			0%	\$105.95	\$105.95	
4	1	Computer	"	Apple MB393	11	2009		x	\$1,249.00	Best Buy	Repair	\$312.99	6.0%			0%	\$331.77	\$331.77	
5													0.0%			0%	\$0.00	\$0.00	
6													0.0%			0%	\$0.00	\$0.00	
7													0.0%			0%	\$0.00	\$0.00	
8													0.0%			0%	\$0.00	\$0.00	
9													0.0%			0%	\$0.00	\$0.00	
10													0.0%			0%	\$0.00	\$0.00	
11													0.0%			0%	\$0.00	\$0.00	
12													0.0%			0%	\$0.00	\$0.00	

Insured Signature: Ms. Policyholder Date: _____
 Insured Signature: Ms. Policyholder Date: _____

Subtotals \$771.62 \$771.62

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree." Fla. Stat. § 817.234.