

## PERSONAL PROPERTY INVENTORY FORM

	NAME OF INSURED				FILE NUMBER			CLAIM NUMBER		
	Policy Number				DOL			Room		
QUANTITY	DESCRIPTION OF PROPERTY	BRAND NAME & SERIAL/MODEL NUMBER	PURCHASED OR OBTAINED FROM	DOCUMENTATION Y/N	DATE OF PURCHASE	Replacement Cost	100% OF ACTUAL CASH VALUE	SPECIAL LIMITS	ACTUAL CASH VALUE CLAIM	
Insured's Signature _____ DATE _____						<b>TOTALS</b>				
Home and Work Phone No.: (____) _____ / _____							For internal use only.			

The above information is true to the best of my knowledge

Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any