

Personal Property Inventory Form

INSURED: _____
 DATE: _____
 CLAIM #: _____

ITEM #	Total #*	DESCRIPTION OF ITEM	Owner	Date Purchased	Original Purchase Price	Receipt Available?		Purchase Method	Original Place of Purchase
						Yes	No		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
		Total Page 1			\$0.00				

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Signed: _____

Total # Total number of the same item. (Ex. 8 spoons, 6 place mats, 10 pair socks, etc.)