



Personal Property Inventory Form

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

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	2	3	4	5	6	7	8	9	10	11	12	13						
Item #	Qty.	Description of Item(s)	Owner	Make	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				
				Model #	MO.	YR.	Yes	NO						Special Limit Y or N	Amount Toward Special Limit	DEPR.	RCV with tax	ACV
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
													Subtotals					

Insured Signature: _____ Date: _____
Insured Signature: _____ Date: _____

"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.(1)(b).