



SCHEDULE OF LOSS

Please complete and return to: _____

For Office Use Only

DATE OF LOSS _____

INSURED: _____ POLICY NO: _____

NO	1. ITEM (MAKE, MODEL, SIZE, ETC.)	2. WHERE PURCHASED	3. APPROXIMATE DATE PURCHASED	4. APPROXIMATE PURCHASE PRICE	5. APPROXIMATE REPLACEMENT COST	6. PRICE OBTAINED FROM	7. DEPRECA- TION	8. ACV FOR CASH SETTLE.	9. ACTUAL R.C. (REPLACED)	10. AMOUNT CLAIMED BAL.
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DATE	SIGNATURE OF INSURED									
	SIGNATURE OF INSURED									

Any person who, fraudulently or willfully makes a false, misleading, or exaggerated statement, or who conceals information for the purpose of presenting a claim is acting in violation of the Statutory Conditions of their insurance policy. This would lead to the denial of the entire claim and may result in criminal prosecution.



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