

Insured's Name: \_\_\_\_\_

Claim No. : \_\_\_\_\_

Today's Date: \_\_\_\_\_

ITEM	PLACE PURCHASED	DATE PURCHASED	MAKE	SERIAL # AND MODEL	COST NEW
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					