**Personal Property Inventory Form/** **Sworn Statement In Proof Of Loss**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties.  In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant.

**Insured :**

**State :**

**Date of Loss :**

**Adjuster :**

**Claim Number :**

**Unit Number :**

**Claim Type :**

**Policy Limit :**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item # | Brand | Model# | Item Description | How was Item Damaged? | Quantity | Age in yrs | Age in months | Pre-Loss Condition | Cost to Replace Pre-Tax | Can Item Be Cleaned or Repaired? |
| example | Sears | XYZ | Refrigerator | Use Key Below | 1 | 10 | 2 | Average | $500 | Yes or No |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |

**Do you have receipts? (yes or no) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Key**

**F** = Fire Damage

**B** = Burglary (due to forced entry)

**S** = Smoke Damage

**W** = Water Damage

**I** = Insect Damage

**R** = Rodent Damage (please specify if urine, chew marks, scratches, etc.)

**NOTE: IF ADDRESS IS NOT CURRENT, POST OFFICE WILL NOT FORWARD CHECKS**

By signing this form you agree that said loss did not originate by any act, design or procurement on your part; nothing has been done to violate the conditions of the policy, or render it void; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

|  |  |  |  |
| --- | --- | --- | --- |
| **Insured's Signature** |  | **Date** |  |

**Personal Property Inventory Form/ Sworn Statement In Proof Of Loss**

**Instructions: You have just suffered a loss to your personal property that will require some time to properly list.**

**These instructions and the Personal Property Inventory Forms will hopefully make that task easier for you.**

1. First, separate the damaged from the undamaged items, and protect repairable and undamaged items from further damage as per the policy requirements.
2. Attach any documentation you may have, such as receipts, cancelled checks, credit card slips, warranty booklets, operating instructions, or photographs to support ownership and the cost of items.
3. If you are unable to provide receipts or verification of amount paid, standard pricing will be used.
4. If you have any questions, please contact your claim specialist at 1-800-423-6071.
5. When you have completed the inventory form, sign it and mail it back to the address on top of the letter you received with the form.