PERSONAL PROPERTY CLAIM FORM

Policy No. _____ Name: _____

Physical Address: _____

Mailing Address: _____

Agent: _____ _____

Date Filled Out: _____ Phone Number(s): _____

Loss Date: _____ Notified: _____

Description of Claim Filed and
List of Personal Property Upon Which A Claim is Being Made or Attach Estimates

Description of Article: Brand, Model, Make, Etc.	Where Purchased: Date, Name & Address	Value When Acquired	Article Value On Date of Loss

_____ _____

Appraiser Date Policyholder's Signature Date

NOTE: Values stated hereon must be actual cash value - antique or sentiment value not considered.