

## Personal Property Inventory

Insured: \_\_\_\_\_ Date of Loss: \_\_\_\_\_ Claim #: \_\_\_\_\_

INSTRUCTIONS: List each article separately. Provide a complete description of the item including make, model, serial no., and any other identifying marks. Give date & place of purchase. For gifts, give name & address of donor. Attach receipts, invoices, photos, or any other supporting documentation.

**Shaded Area For Office Use Only**

Qty	Description of Articles (Type, Manuf., Model, Year, Serial #)	Place of Purchase or Gift Donor	Age	Original Cost	Cost to Replace	Clean or Repair	Shaded Area For Office Use Only			
							% Depr	ACV	Settlement Amount	Item Replacement Amount
<b>TOTALS</b>										

I certify to the best of my knowledge all of the above information is true & correct, and I authorize any firm or individual to furnish to Shenandoah Mutual any information requested concerning purchase of items listed above. A photocopy of this authorization is as valid as the original.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_