

SCHEDULE OF LOSS

Description of Property (make,model,serial #,quantity)	When and where purchased (supplier name & location)	Approx. Date Purchased	Approx. Original cost (purchase price)	Replacement or repair cost	Depreciation	Amount claimed
TOTALS						0
DEDUCTIBLE						
NET CLAIM						

I/We confirm that the above list is exact and complete: _____(Insured) _____(Insured)
 _____Date _____Date

APPORTIONMENT OF LOSS

INSURER	POLICY NO.	INSURES	PAYS
TOTALS			