

ASI INVENTORY OF ITEMS

Insured: _____ Date of Loss: _____ Policy No.: _____ Claim No.: _____

Cancelled checks, repair bills, receipts and photographs should be attached to support your claim. Complete columns 1 through 10 on each item – If unknown, put NA. Failure to comply with above will result in a delay in the handling of your claim.

									To be completed by Company				
(1) Item	(2) Quantity	(3) Description of Item (Type, name, model, year, serial no.)	(4) Where Purchased (Name and Address)	(5) Age Of Item	(6) Date of Purchase (Mo–Yr.)	(7) Method of Payment (Cash/Cr.)	(8) Receipts Available?	(9) Original Cost	(10) Replacement Cost	Ins. Repl. Cost	Betterment Or Depreciation		Adjusted Value
											%	\$	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
TOTALS													

Remarks: _____ Repairs to Dwelling or Contents: _____

CONCEALMENT OR FRAUD

Coverage is not provided for any insured who has intentionally concealed or misrepresented ANY material fact or circumstance relating to this claim.

This inventory form becomes a part of any Proof of Loss filed on this claim.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of a third degree.

Insured's Signature

Insured's Signature

Signature Date