Friends Cove
MUTUAL INSURANCE

Personal Property Inventory Schedule

Claim # Policy # Page _____

Named Insured: Room_____ Date of Loss:

Quan-tity	Description of Property Include Brand Name, Model Number	Purchased or Obtained From	Date of Purchase Or Age	Method of Payment CASH	Method of Payment CHARGE	Purchased NEW	Purchased USED	Current Replacement Cost	Cost of Repair	Company Use Only Depr	Company Use Only Settlmt

I certify that the foregoing inventory is correct and no material fact regarding this claim has been withheld that the company should be aware of. I understand that willful misrepresentation or concealment of a material fact will invalidate this claim.

Total

Signature_____ **Date**_____