



Schedule of Loss

Page ____ of ____ pages

Date of loss: [Click here to enter a date.](#)

Please complete and return to: _____

Insured: _____ Policy No. _____

No.	1. Item (make, model, size, etc.)	2. Where purchased	3. Approx. purchase date	4. Approx. purchase price	5. Approx. replacement cost	6. Repair amount	7. Depreciation FOR	8. ACV for cash settle. OFFICE	9. Actual R/C (replaced) USE	10. Amount claimed bal. ONLY
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
Totals:										

Date: _____ Signature of Insured _____ Signature of Insured _____

Any person who, fraudulently or willfully makes a false, misleading, or exaggerated statement, or who conceals information for the purpose of presenting a claim is acting in violation of the Statutory Conditions of their insurance policy. This would lead to the denial of the entire claim and may result in criminal prosecution.