



INSURANCE

**SCHEDULE OF CONTENTS**

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

Item #	Description	To Be Completed By Insured				To Be Completed By Claim Handler							
		Purchase Date	Quantity	Unit Cost	Sub-Total	Sales Tax%	Claimed RCV	Quantity	Unit Cost	Sub-Total	Sales Tax%	Claimed RCV	Value Doc
1													<input type="checkbox"/>
2													<input type="checkbox"/>
3													<input type="checkbox"/>
4													<input type="checkbox"/>
5													<input type="checkbox"/>
6													<input type="checkbox"/>
7													<input type="checkbox"/>
8													<input type="checkbox"/>
9													<input type="checkbox"/>
10													<input type="checkbox"/>
11													<input type="checkbox"/>
12													<input type="checkbox"/>

\_\_\_\_\_  
 Insured Signature

\_\_\_\_\_  
 Date

Total  
 Less Deductible  
 Less Excess  
 Net Payment


Note: Pursuant to F.S.817.234. " Any person who knowingly and with intent to injure, defraud or deceive any Insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

Item #	Value/Replacement Cost Documentation
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	

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