CONTENTS - PERSONAL PROPERTY
INVENTORY WORKSHEET

INSURED NAME	POLICY NUMBER	DATE OF REPORT

PROPERTY LOCATION	DATE OF LOSS

1	2	3	4A	4B	5	6	7	8
Item	Description	Quantity	Age (Years)	Age (Months) (*Optional)*	Replacement Cost	Loss or Damage *(to be completed by adjuster)*	Depreciation *(to be completed by adjuster)*	A.C.V. Flood Loss *(to be completed by adjuster)*