



Personal Property Inventory Form

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

You must complete columns 2 through 12 as the policy requires that you document your loss. Attach the original purchase bills, receipts and related documents that establish ownership of the items. All persons named on the policy must sign and date this form.

1	2	3	4	5	6	7	8	9	10	11	12		
Item #	Qty.	Description of Item(s)	Owner	Make	Purchase Date		Receipt Avail.		Original Purchase Price	Original Place of Purchase	Indicate: Clean Repair or Replace	Cost to Clean, Repair or Replace per Item	Sales Tax %
				Model #	MO.	YR.	Yes	No					
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

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. Fla. Stat. § 817.234.

Insured Signature: _____
 Insured Signature: _____

Date: _____
 Date: _____