



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 Item #	2 Qty.	3 Description of Item(s)	4 Owner	5 Make Model #	6 Purchase Date		7 Receipt Avail.		8 Original Purchase Price	9 Original Place of Purchase	10 Indicate: Clean Repair or Replace	11 Cost to Clean, Repair or Replace per Item	12 Sales Tax %
					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: _____