



Claim Number:

Date of Loss:

Item #	Room	Quantity	Description	Age	Condition (New, Above Average, Average, Below Average)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					



Claim Number:

Date of Loss:

Item #	Room	Quantity	Description	Age	Condition (New, Above Average, Average, Below Average)
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					



Claim Number:

Date of Loss:

Item #	Room	Quantity	Description	Age	Condition (New, Above Average, Average, Below Average)
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					



Claim Number:

Date of Loss:

Item #	Room	Quantity	Description	Age	Condition (New, Above Average, Average, Below Average)
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
101					
102					
103					
104					
105					
106					
107					
108					
109					
110					
111					
112					
113					
114					
115					
116					



Claim Number:

Date of Loss:

Item #	Room	Quantity	Description	Age	Condition (New, Above Average, Average, Below Average)
117					
118					
119					
120					
121					
122					
123					
124					
125					
126					
127					
128					
129					
130					
131					
132					
133					
134					
135					
136					
137					
138					
139					
140					
141					
142					
143					
144					
145					



Claim Number:

Date of Loss:

Item #	Room	Quantity	Description	Age	Condition (New, Above Average, Average, Below Average)
146					
147					
148					
149					
150					
151					
152					
153					
154					
155					
156					
157					
158					
159					
160					
161					
162					
163					
164					
165					
166					
167					
168					
169					
170					
171					
172					
173					
174					



Claim Number:

Date of Loss:

Item #	Room	Quantity	Description	Age	Condition (New, Above Average, Average, Below Average)
175					
176					
177					
178					
179					
180					
181					
182					
183					
184					
185					
186					
187					
188					
189					
190					
191					
192					
193					
194					
195					
196					
197					
198					
199					
200					
201					
202					
203					



Claim Number:

Date of Loss:

Item #	Room	Quantity	Description	Age	Condition (New, Above Average, Average, Below Average)
204					
205					
206					
207					
208					
209					
210					
211					
212					
213					
214					
215					
216					
217					
218					
219					
220					
221					
222					
223					
224					
225					
226					
227					
228					
229					
230					
231					
232					



Claim Number:

Date of Loss:

Item #	Room	Quantity	Description	Age	Condition (New, Above Average, Average, Below Average)
233					
234					
235					
236					
237					
238					
239					
240					
241					
242					
243					
244					
245					
246					
247					
248					
249					
250					
251					
252					
253					
254					
255					
256					
257					
258					
259					
260					
261					



Claim Number:

Date of Loss:

Item #	Room	Quantity	Description	Age	Condition (New, Above Average, Average, Below Average)
262					
263					
264					
265					
266					
267					
268					
269					
270					
271					
272					
273					
274					
275					
276					
277					
278					
279					
280					
281					
282					
283					
284					
285					
286					
287					
288					
289					
290					



Claim Number:

Date of Loss:

Item #	Room	Quantity	Description	Age	Condition (New, Above Average, Average, Below Average)
291					
292					
293					
294					
295					
296					
297					
298					
299					
300					
301					
302					
303					
304					
305					
306					
307					
308					
309					
310					
311					
312					
313					
314					
315					
316					
317					
318					
319					



Claim Number:

Date of Loss:

Item #	Room	Quantity	Description	Age	Condition (New, Above Average, Average, Below Average)
320					
321					
322					
323					
324					
325					
326					
327					
328					
329					
330					
331					
332					
333					
334					
335					
336					
337					
338					
339					
340					
341					
342					
343					
344					
345					
346					
347					
348					



Claim Number:

Date of Loss:

Item #	Room	Quantity	Description	Age	Condition (New, Above Average, Average, Below Average)
349					
350					