



**SCHEDULE OF LOSS**

Description of Property (make,model,serial #,quantity)	When and where purchased (supplier name & location)	Approx. Date Purchased	Approx. Original cost (purchase price)	Replacement or repair cost	Depreciation	Amount claimed
<b>TOTALS</b>						0
DEDUCTIBLE						
NET CLAIM						

I/We confirm that the above list is exact and complete: \_\_\_\_\_ (Insured) \_\_\_\_\_ (Insured)  
 \_\_\_\_\_ Date \_\_\_\_\_ Date

**APPORTIONMENT OF LOSS**

INSURER	POLICY NO.	INSURES	PAYS
<b>TOTALS</b>			