Insurance Company: _____

Insured: _____

Claim #: _____

Telephone#: _____

INVENTORY OF LOSS

ITEMS (Description)	YEAR	MAKE	MODEL	SERIAL # (or personal ID)	PURCHASED FROM	COST WHEN PURCHASED	COST TO REPLACE

FAX to PROP COP (360)397-8329

ITEMS (Description)	YEAR	MAKE	MODEL	SERIAL # (or personal ID)	PURCHASED FROM	COST WHEN PURCHASED	COST TO REPLACE