

SCHEDULE OF LOSS

Page	
File#	

		TO BE COMPLETED BY THE INSURED							TO BE COMPLETED BY ADJUSTER			
# Item	Qty	Item description (Make, model, size, color, serial no, etc.)	Purchased from	Date purchase	Purchase price	Replacement cost	Amount accepted	% Dép.	Actual cash value	Actual replac. cost		
			Total									

IMPORTANT: In order to permit us to give you a rapid and equitable settlement of your claim, it is essential that you adequately complete your list and provide us with all supporting evidence to justify your claim. Any deceitful representation entails the loss of the right of the person making it to any indemnity in respect of the risk to which the representation relates. I confirm that the above list is exact and complete. I authorize all enterprises or persons to provide my insurer or his representative all the useful information concerning the above articles. A photocopy of the present authorization will be considered as the original.

Completed by		Signed by		
	(Printed letters)		(Insured)	(Date)