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SUTUELUE D'ASSURANCE AGINCOLE

|  | TO BE COMPLETED BY THE INSURED |  |  |  |  |  | TO BE COMPLETED BY ADJUSTER |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{gathered} \text { \# } \\ \text { Item } \end{gathered}$ | Qty | Item description (Make, model, size, color, serial no, etc.) | Purchased from | Date purchase | Purchase price | Replacement cost | Amount accepted | $\begin{gathered} \text { \% } \\ \text { Dép. } \end{gathered}$ | Actual cash value | Actual replac. cost |
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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.
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