

STATEMENT OF LOSS

Schedule "A"

Policy Form: _____ Agency: _____

Date of Loss: _____ File Number: _____

Item _____ \$ _____ on _____

Item _____ \$ _____ on _____

Item _____ \$ _____ on _____

Item _____ \$ _____ on _____

Item _____ \$ _____ on _____

Item _____ \$ _____ on _____

Item _____ \$ _____ on _____

Location: _____

COINSURANCE, DISTRIBUTION, DEDUCTIBLE CLAUSE

Schedule "B" Est. Replacement Cost: \$ _____ Value: \$ _____ Loss: \$ _____

Est. Replacement Cost: \$ _____ Value: \$ _____ Loss: \$ _____

Est. Replacement Cost: \$ _____ Value: \$ _____ Loss: \$ _____

Est. Replacement Cost: \$ _____ Value: \$ _____ Loss: \$ _____

Est. Replacement Cost: \$ _____ Value: \$ _____ Loss: \$ _____

Est. Replacement Cost: \$ _____ Value: \$ _____ Loss: \$ _____

Est. Replacement Cost: \$ _____ Value: \$ _____ Loss: \$ _____

Est. Replacement Cost: \$ _____ Value: \$ _____ Loss: \$ _____

Est. Replacement Cost: \$ _____ Value: \$ _____ Loss: \$ _____

Schedule "C"

Policy Number: _____ Expires: _____ Company: _____ Payable Amount: \$ _____

Policy Number: _____ Expires: _____ Company: _____ Payable Amount: \$ _____

Policy Number: _____ Expires: _____ Company: _____ Payable Amount: \$ _____

Policy Number: _____ Expires: _____ Company: _____ Payable Amount: \$ _____

Policy Number: _____ Expires: _____ Company: _____ Payable Amount: \$ _____

Insured: _____

Comments: _____

This loss was personally inspected by me on: _____

Adjuster's Name: _____