Schedule of Loss

Insured _____

File No. _____ **Policy No.** _____

PART I – To be completed by the insured

ITEM #	Description of Property	Location of purchase or origin	Document(s) enclosed	Date of Purchase	Price Paid

Totals :

PART II – To be completed by the insurer

Replacement Cost	Depreciation %	Depreciation Amount	Actual Value	Cash Settlement	Settlement	Remplacement Supplier's Name	Settlement Date

Please complete Part I of the Schedule of Loss, including:

- your account of the event;
- substantiating documents such as: invoices, photographs, appraisals;
- a completed and signed copy of the Police Department report form.

_____ _____

Date Signature of Insured

_____ _____

Date Signature of Insured