INSURED'S STATEMENT OF CLAIM

Insured: _____

Claim #_____

Policy #:_____

Page _____ of _____ Pages

Following is a full and complete statement of said loss in detail:

Official Use Only

QTY	Complete Description of Property Comprising Claim	Mrf./Brand Name and Serial I Model Number	Original Cost of Property	Date of Purchase: (If gift or inheritance give date or age of item)	Place of Purchase (Store and Location)	Replacement Cost of Identical Item and/or Repair Cost	Actual Cash Value		
					TOTAL:				

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
(Florida Statute 817.234(l)(b))

INSURED'S SIGNATURE _____ DATE: _____

INSURED'S SIGNATURE _____ DATE: _____