**Insured’s Statement of Claim** File Number:

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| --- | --- | --- | --- |
| Company Use Only | | | |
| **Quantity** | **Article** | **Date of purchase** | **Condition** | **Amount claimed** | **Replacement Cost** | **Age/Life Span** | **Amount of depreciation** | **Actual Cash Value** |
| Complete description, model number, serial number, brand name, etc. |
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