SCHEDULE OF PROPERTY FORM - KY

Name _____ Claim No. _____ Page ____ of ____

Address _____ Date of Loss _____

Tel. No. _____ If Theft Loss, Police Dept. & Case No. _____

Details of Loss _____

Description of Article (Include Make & Model No.)	Date & Place of Purchase	Cost to Repair or Replace	Receipts or Ownership Verification?	COMPANY USE ONLY		
				Depreciation		Actual Cash Value Allowance
				%	Amount	

The above given information, and any attachments, is true and correct. I know of no other information of which the Company should be advised.

Signature of Insured(s) _____ *Date* _____

WARNING LANGUAGE REQUIRED:

CLAIM FORM: "Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

SCHEDULE OF PROPERTY FORM - CONT'D.

Page _____ of _____

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