DATE OF REPORT

INSURED AND LOCATION	POLICY NO.	
ADJUSTING FIRM AND ADDRESS (ADJUSTER)	Adjuster's File No.	Date of Loss

1	2	3	4	5	6	7	8	9
ITEM	DESCRIPTION	QUANTITY	AGE	REPLACEMENT COST	LOSS OR DAMAGE	DEPRECIATION	A.C.V. FLOOD LOSS	A.C.V. WIND LOSS