



Insured:		Claim #:	
Address:		Policy #:	
		Our File #:	

Contents Worksheet

Item#	Folder or Room	Brand or Manufacturer	Model #	Description of Item	Quantity Lost	Item Age (years)	Cost to Replace (pre-tax)	Total Cost
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Item#	Folder or Room	Brand or Manufacturer	Model #	Description of Item	Quantity Lost	Item Age (years)	Cost to Replace (pre-tax)	Total Cost
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