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	UVVGSL
	INSURANCE COMPANY

Name:								Date of Loss:				
Street Address:							OFFICE: Phoenix, AZ					
City: State:				State:	tate: Zip:			CLAIM NUMBER:				
Daytime Telephone:					Email:				POLICY NUMBER:			
	One to control with the control		Paris No. 1000			**************************************	DOMESTIC OF STREET	WANTE CO. WALKER	A TO SECURIA WAY			- 1 Alexandra (1 A
Co	mplete	columns 1	- 8 on eac	h iter	n. If Unknov	vn, so l	ndicate.	Attach Bills, I	Receipts, Ca	nceled Check	s, Other Docu	ımentatior
	(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)	Company Use Only	Company Use Only	Company Use Only
em lo.	Quantity of Item(s)	Brand Name / Manufacturer	Model # / Style or Series	(T)	Description of Item /pe/Identification)	Date of Purchase or Age	Purchase Receipt Attached?	Place of Purchase and Location	Purchase Price / Value	Replacement Cost	Depreciation Value	Actual Cash Valu
1							☐ YES ☐ NO					
2							☐ YES ☐ NO					
3						.40	☐ YES ☐ NO					
4							☐ YES ☐ NO					
5			S	S			☐ YES ☐ NO					
6	ç		S	65			☐ YES ☐ NO					
7							☐ YES ☐ NO					
8	8						☐ YES ☐ NO		9	ξ		
9	·		ľ				☐ YES ☐ NO					
10							☐ YES ☐ NO					
11							YES NO					
12							☐ YES ☐ NO					
			ĺ.	ľ				TOTAL:				

Notice: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing 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 and subjects a person to criminal and civil penalties. The lack of statement as required above does not constitute defense in any prosecution for a fraudulent insurance act.