

# FLORIDA FAMILY PERSONAL PROPERTY INVENTORY FORM

CLAIM NUMBER: \_\_\_\_\_

PAGE: \_\_\_\_\_ OF: \_\_\_\_\_

INSURED'S NAME AND ADDRESS \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_ **ADJUSTER'S USE ONLY**

NO.	DESCRIPTION OF ITEM	WHERE PURCHASED CITY & STORE ADDRESS	WHEN PURCH.		ORIG. COST	REPLACED COST	DEPRECIATION		SALVAGE AMOUNT	SALES TAX	VALUE
			MO.	YR.			%	\$			
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**Applicable in Florida** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NAMED INSURED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TOTAL THIS PAGE \_\_\_\_\_