

Insured:
Claim No:
File No:

Adjuster:
Frank "Lee" Evans

Please provide your best description of the item being claimed	Please note the place of purchase or identity of person who gave you the item	Provide the Age or Date of Purchase	Original Cost	Current Cost	% Dep	Actual Cash Value	Check If Invoice Attached	Amount Claimed
ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION, IS GUILTY OF A FELONY OF THE				\$	-	TOTAL		\$ -

Insured Name _____ Date Completed _____ Page _____
Insured Signature _____ of _____