

**VPIA INVENTORY SHEET PLEASE PRINT LEGIBLY OR TYPE ENTRIES.**

PAGE	OF	:
INSURED:		DATE OF LOSS:
LOCATION:		CLAIM NUMBER:

**COLUMNS 1-8 TO BE COMPLETED BY THE INSURED-FOR EACH ITEM.**

**\* BILLS, CANCELLED CHECKS, AFFIDAVITS OR OTHER DOCUMENTATION**

(1) room location of contents	(2) quantity	(3) place of purchase	(4) make,model and serial number.	(5) identification description of item (name, type) and place of purchase	(6)* purchase verifica- tion attached (Y or N)	(7) date purchased or age	(8) replacement cost	(9) deprecia- tion	(10) actual cash value
<b>REMARKS:</b> _____ _____ _____					<b>TOTAL</b>				

**It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and the denial of insurance benefits.**

**SIGNED:** \_\_\_\_\_