FARMERS

Personal Property Claims
Estimate And Loss Worksheet

Insured _____ Date 09/21/05 SALN/CLAIM _____

Date of Loss _____ Adjuster Chris Jablonski

Policy # _____ Page _____ of _____

Qty.	Personal Property Description	Location	Place Of Purchase	Date Of Purchase	Original Cost	Replacement Cost	Replacement Source	Depreciation %	Depreciation Amount	Actual Cash Value	Applicable Policy Limitations
				Sub Total							
				Tax		#VALUE!			#VALUE!	#VALUE!	
				Total		#VALUE!			#VALUE!	#VALUE!	
				Deductible							
				Payment						#VALUE!	

For your protection please be advised of the following: any person who knowingly presents a false or fraudulent claim for payment of a loss, or knowingly presents false or misleading information to an insurance company for the purpose of defrauding or attempting to defraud an insurance company, or provides false information concerning a material fact on an application for insurance, or helps any other person commit such acts, may be guilty of fraud, and may be subject to substantial civil and criminal penalties pursuant to the laws of the state in which those acts occur.
(revised 02/25/03)