



# Personal Property Inventory Form

**CELEBRATING 40 YEARS IN BUSINESS!**

Insurance Time of Bradenton, Inc

802 6th Ave W

Bradenton, FL 34205

P: (941) 746-5151

F: (941) 745-1401

Name of Insured	File Number	Claim Number
Policy Number	Date of Loss	Room

Item No. / Quantity	Description of Property	Brand Name & Serial/Model Number	Purchased or Obtained From	Documentation Y/N	Date of Purchase	Replacement, Repair or Resoration Cost	100% of Actual Cash Value	Special Limits	Actual Cash Value claim
<b>Totals</b>									

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home & Work Phone No: \_\_\_\_\_

The above information is true to the best of my knowledge

NOTE: For your protection, the law of your state requires the following to appear on this form : Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company or other person, files a statement of claim containing any false, incomplete information, may be guilty of a felony and subject to criminal and civil penalties. California only: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison. Florida only: Violation of this provision is a felony of the third degree