

## Contents Inventory Form Instructions

1. Separate damage and non-damaged items to protect repairable items from further damage.
2. Make copies of the Contents Inventory Form as needed for large losses or damages to multiple rooms. Only record one (1) room per sheet in those cases.
3. Complete columns 1-8 for each item listed.
4. Column 8- Replacement, Repair or Restoration Cost- should reflect the current value of the item. Report the exact cost. Do not round numbers up or down.
5. Attach any documentation to show ownership and/or cost of the item. Make copies of all submitted documentations and DO NOT send originals. The following are accepted: receipts, cancelled checks, warranty booklets, operating instructions and/or photographs. If an article is being repaired or cleaned, attach an estimate or invoice for the repair or cleaning service.
6. All receipts submitted must cross reference an item number on the Contents Inventory Form. To do this, write the item number for the Contents Inventory Form on the receipt next to the item to which it applies. Receipts that are not marked correctly will not be accepted.
7. For your records, make copies of all submitted paperwork. If you would like the originals returned, please note that with your submission.
8. The Contents Inventory Form must be returned no later than 30 days after the date of loss. Return the form(s) to: Southern Fidelity, PO Box 15339, Tallahassee, FL 32317
9. Sign and date the Contents Inventory Form, confirming all the information provided is true to the best of your knowledge.

**Below is an example of how the form should be completed:**

TO BE COMPLETED BY INSURED							
Item No	Quantity	Description of Property	Brand Name and Model #	Purchased or Obtained From	Documentation	Date of Purchase & Purchase Price	Replacement, Repair or Restoration Cost
1	1	20" color tv	Zenith/sf57 48w	Sears	B	12/02 - \$175	\$75 to repair
2	1	35 mm camera	Canon AE1	Camera Corner	O	6/2 - \$275	\$240.59 to replace

**Contents Inventory Form:**

Insured: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Room: \_\_\_\_\_

TO BE COMPLETED BY INSURED							TO BE COMPLETED BY CLAIM REPRESENTATIVE					
Item No	Quantity	Description of Property	Brand Name and Model #	Purchased or Obtained From	Documentation	Date of Purchase & Purchase Price	Replacement, Repair or Restoration Cost	% Tax	R/C or Repair Cost	Adjustments to R/C** (depreciation)	Settlement	Maximum R/C Benefits
<b>TOTALS</b>												

A- Appraisal    B- Paid Bill or Receipt    C-Canceled Check  
 E- Estimate    P-Photo    CR-Credit Card Receipt  
 O-Other

**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, or misleading information, may be guilty of a felony and subject to criminal and civil penalties.**

DEDUCTIBLE  
 SETTLEMENT

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