

American Integrity Insurance - Contents Claim Worksheet

Insured Name				Claim Number:				Date of Loss:			
			Per Item Information				These columns for office use only				
Item #	Description of the item being claimed	Place of purchase or person who gave you the item	Item Quantity	Age of Item in MONTHS (Rounded)	Original Cost Per Item	Replacement Cost Value Per Item	Annual Percentage Depreciation	Per Item Dollar Depreciation	Total Replacement Cost Value (RCV)	Total Dollar Depreciation	Actual Cash Value (ACV)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
TOTAL									\$ -	\$ -	\$ -

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Insured signature and date

Insured signature and date