FLORIDA FAMILY INSURANCE®
Dedicated to Protecting Your Home

PERSONAL PROPERTY INVENTORY FORM

INSURED'S NAME:	
INSURED ADDRESS:	
REPORTED DATE OF LOSS:	

POLICY #	
CLAIM #	

PAGE
_____ OF _____

	DESCRIPTION OF ITEM	WHERE PURCHASED CITY & STORE ADDRESS	ITEM QTY.	PURCHASED MO.	PURCHASED YR.	ORIGINAL COST	ADJUSTER'S USE ONLY: REPLACEMENT COST	DEPRECIATION %	DEPRECIATION $	SALES TAX	VALUE
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
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19											
20											

INSURED'S SIGNATURE:	DATE:	TOTAL THIS PAGE:		

FORM #M600 (05/16)

Applicable in Florida: Any person who knowingly and with intent to injure, defraud, or decieve 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.