

ALLEGANY INSURANCE GROUP **PERSONAL PROPERTY INVENTORY FORM**

INSURED NAME: _____

CLAIM NUMBER: _____

DATE OF LOSS: _____

Please include proof of purchase / ownership for items claimed (receipts, cancelled checks, owner's manual, photos, etc.).

Quantity	Description of Property (Include Mfr, Brand Name, Serial Numbers, and Model Numbers)	Purchased or Obtained From	Age or Date of Purchase	Original Cost New	Method of Pay cash, charge etc	Current Repl Cost	Cost of repair or restore	Company Use Only	

TOTALS: \$ _____

NY – “Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 (five thousand dollars) and the stated value of the crime for each such violation.”

PA - “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

INSURED’S SIGNATURE: _____

DATE: _____