

**Midwest Claim Services**

Corporate Office, Duluth 218-727-0701 Fax: 612-524-5771  
 Personal Property Inventory & Worksheet  
[claims@mwclaim.com](mailto:claims@mwclaim.com)

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

**Named Insured:** \_\_\_\_\_

**File Number:** \_\_\_\_\_

Page No: \_\_\_\_\_

Adjuster: \_\_\_\_\_

Date: \_\_\_\_\_

Description of Item		Method of Payment Cash/Credit	Qty	Age in Yrs.	Minimum Replacement Cost		Depreciation %	Depreciation Amount	Actual Cash Value (ACV)	Amount of Receipt	Amount Recoverable	Note
Type, Name, Model, Year, Other	Location at Time of Loss				Cost Each w/ applicable Sales Tax	Total Cost w/applicable Sales Tax						
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**Totals:**

Supplemental Claim, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage

A PERSON WHO SUBMITS A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME