

Midwest Claim Services

Corporate Office, Duluth 218-727-0701 Fax: 612-524-5771

Personal Property Inventory & Worksheet

assign@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						
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
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