Castle Claims Service
Serving Western Pennsylvania

WORKSHEET - CONTENTS - PERSONAL PROPERTY

Insured's Name: _____ Insurance Company: _____

Insured's Address: _____ Date of Loss: _____

Adjuster: _____ Adjuster's File No.: _____

Adjuster's Office: _____

1	2	3	4	5	6	7	8	9
Item	Description	Quantity	Age	Replacement Cost	Loss or Damange	Depreciation	ACV Claim	
TOTALS - THIS PAGE								

"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.

_____ _____

SIGNATURE OF PERSON COMPLETING FORM DATE

_____