



# Castle Claims Service®

Local Adjusters, Local Service,  
We know Western PA.

## 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 Damage	Depreciation	ACV Claim	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
<b>TOTALS - THIS PAGE</b>								

"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

\_\_\_\_\_  
PRINT OR TYPE YOUR NAME