

INSURANCE CLAIM INVENTORY SHEET

CLAIM# _____

DEPARTMENT: _____ **CONTACT PERSON:** _____

LOCATION: _____ **PHONE:** _____ **FAX:** _____

AUTHORIZED DEPARTMENT SIGNATURE: _____ *******

VENDOR/SUPPLIER: _____ **PHONE:** _____

List only items that were damaged/destroyed as a result of an insured incident.

	DESCRIPTION	MODEL#	QTY	EST. COST (EA)
1				
2				
3				
4				
5				
6				
7				
8				
9				

***** It is a crime under Maryland law to knowingly provide false, incomplete or misleading information regarding an insured claim for the purpose of committing fraud. The person signing this form stipulates that the enclosed information is complete and accurate to the best of their knowledge.**