



Stonegate Insurance Company

Page No. _____

INSURED(S) NAME _____ **POLICY NO.** _____ **CLAIM NO.** _____

Please print and fill out this form completely with **ALL** pertinent information and fax back to 773/458.1065.

SCHEDULE OF CONTENTS

Item No.	1. Item Including Brand Name	2. Where Purchased	3. When Purchased	4. Current Repl. Cost (Incl. Tax)	5.	6. Deprec. Amount	7. Actual Cash Value	8. Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Please complete columns 1 through 4

The above information is true to the best of my knowledge

Insured's Signature: _____

Gross Claim: _____

Not Recoverable

Recoverable

Deprec.: _____

Deductible: _____

Net Payment: _____