STATEMENT OF LOSS

Claim Number _____

Insured _____

COVERAGE A - BUILDING   Limit of Liability $ _____

Description

_____ Amount $ _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____ Total **A** $ _____

COVERAGE B - CONTENTS   Limit of Liability $ _____

Description

_____ Amount $ _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____ Total **B** $ _____

COVERAGE C - LOSS OF USE   Limit of Liability $ _____

Description

_____ Amount $ _____

_____   _____

_____   _____

_____   _____

_____   _____

_____ Total **C** $ _____

Total A + B + C	_____
Plus Special Coverage	_____
Total Loss	_____
Less Depreciation - Cov. A	_____
Less Depreciation - Cov. B	_____
Subtotal	_____
Less Deductible	_____
Less Prior Payments	_____
Total Payable	_____

Comments/Supplements:

_____   _____

Name   Date