Reset

PERSONAL ARTICLES SUPPLEMENT

OPTIONAL SCHEDULED ARTICLES LOC# _____

POLICY NUMBER

ATTACHED TO AND FORMING PART OF HABITATIONAL INSURANCE APPLICATION

INSURANCE COMPANY

INSURED | BROKER /AGENT | BROKER/AGENT CLIENT ID#

ADDRESS

1. SCHEDULED PERSONAL PROPERTY DETAIL (Appraisals may be required for some items)

NO.	CLASS	DESCRIPTION (INCLUDING SERIAL / IDENTIFICATION NUMBER)	COVERAGE CODE	EXHIBITED Y/N	PROFESSIONAL USE Y/N	PURCHASE DATE	APPRAISAL DATE	DED.	DED. TYPE	AMOUNT OF INSURANCE	PHOTO ATTACHED Y/N

2. SCHEDULED PERSONAL PROPERTY SUMMARY

COVERAGE	CLASS	SUMMARY DESCRIPTION	TOTAL # OF ITEMS	TOTAL AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	PREMIUM

PREMIUM FOR THIS SECTION $

TOTAL ESTIMATED PREMIUM THIS PAGE $

3. REMARKS

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