

PO Box 357967 Gainesville, FL. 32635-7967 (866) 482-5246 (352) 240-0983 fax claims@harborclaims.com

Policy #:

Date of Loss:

Name:	
Claim #:	
Type of Loss:	

Schedule of Contents					
Item / Description	Quantity	Age	Original Cost	Replacement Cost	

Signature:

Date:

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony