EQUITABLE ADJUSTING & SERVICE COMPANY

INVENTORY FORM

EAS Office: _____

EAS File No. _____

Policy No. _____

Insured: _____ Location: _____ Date of Loss: _____

(all columns to be completed on each item - if unknown, so indicate.)

Item No.	Quantity	Brand Name	Manufacturer	Series Model/ Style No.	Identification/ Description	Purchase verification attached? (Yes/No)	Date Purchased/ Age	Insured's claimed cost/value	Retail price	Replacement Cost (at discount)	Actual Cash Value/ Market Value/Resale Value
REMARKS							TOTAL				

* Bills, cancelled checks, other documentation