



# Constitutional Casualty 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 773/763.0898

## 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: \_\_\_\_\_