

<b>Insured:</b>		<b>Claim Number:</b>		<b>State/Prov:</b>
<b>Adjuster:</b>		<b>Policy Number:</b>		
<b>Important Information:</b>				

**Total Estimated Replacement Cost = 0.00**

Item #	Room	Brand or Manufacturer	Model#	Item Description	Original Vendor	Quantity Lost	Item Age (Years)	Item Age (Months)	Condition	Cost to Replace Pre-Tax (each)	Total Cost
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