Indiana Farmers
MUTUAL INSURANCE COMPANY
Integrity • Security • Stability • Service

10 West 106th Street (PO Box 527,46206-0527)
Indianapolis, IN 46290
PH: (317) 846-4211

PERSONAL PROPERTY INVENTORY

Insured____ **Date**____________________

Page No. ________

					COMPANY USE ONLY	
Qty.	**Description (If appliance* - give make, model, etc.)**	**Where Purchased (Name & Address)**	**Age of Item**	**Replacement Cost**	Depreciation % (if any) $	Amount of Claim
TOTALS						

*Appliance means Range, Refrigerator, Freezer, TV, Stereo, Window AC Unit, etc.

NOTICE: "A person who knowingly and with intent to defraud an insurer, or files a statement of claim containing any false, incomplete, or misleading information, commits a felony."

Insured____ Date____________________

92-002-Rev. 9/03mls