KEMPER Life

Fire Insurance Inventory

Page _____ of _____

Name	Last	First	MI	Claim Number	Policy Number	District	DOL

Discription of Item (Brand name, Model No., if known)	Place of Purchase	Purchase Date OR Age	Purchase Price	Clean Repair Total

I DO HEREBY ATTEST THAT THE ITEMS OF PERSONAL PROPERTY CONTAINED ON THIS FORM ARE ACCURATELY DESCRIBED, IDENTIFIED, AND ARE OWNED BY ME.

INSURED SIGNATURE: _____ DATE: _____