

APPLIANCES:

Insured's Name _____

LOCATION

REFRIGERATOR:

Manufacturer _____

MODEL: _____

Serial # _____ AGE: _____ Condition: _____ Color _____

RANGE:

Manufacturer _____

MODEL: _____

Serial # _____ AGE: _____ Condition: _____ Color _____

DISHWASHER:

Manufacturer _____

MODEL: _____

Serial # _____ AGE: _____ Condition: _____ Color _____

COOK-TOP:

Manufacturer _____

MODEL: _____

Serial # _____ AGE: _____ Condition: _____ Color _____

RANGE HOOD:

Manufacturer _____

MODEL: _____

Serial # _____ AGE: _____ Condition: _____ Color _____

TRASH COMPACTOR:

Manufacturer _____

MODEL: _____

Serial # _____ AGE: _____ Condition: _____ Color _____

BUILT-IN OVEN:

Manufacturer _____

MODEL: _____

Serial # _____ AGE: _____ Condition: _____ Color _____

BUILT-IN MICRO:

Manufacturer _____

MODEL: _____

Serial # _____ AGE: _____ Condition: _____ Color _____

BUILT-IN ICE MAKER:

Manufacturer _____

MODEL: _____

Serial # _____ AGE: _____ Condition: _____ Color _____

FURNACE:

Manufacturer _____

MODEL: _____

Serial # _____ AGE: _____ Condition: _____ Color _____

A/C UNIT:

Manufacturer _____

MODEL: _____

Serial # _____ AGE: _____ Condition: _____ Color _____

Other: _____

Manufacturer _____ MODEL: _____

Serial # _____ AGE: _____ Condition: _____ Color _____

***Use these codes for condition of appliances: E = Excellent, G = Good, A = Average, W = Worn**