

# Small Business Fire Loss Itemization Form

## Business Information

Business Name

Business Address

Contact Person

Phone

Date of Fire Loss

## Loss Description

Brief Description of Fire Incident

## Itemization of Fire Loss

Item No.	Description of Item	Original Purchase Date	Original Cost	Estimated Value at Time of Loss	Amount Claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes

Signature

Date