Schedule of Insured Items

List all items valued $500 or more that you wish insured. Any item not scheduled is excluded. Attach a separate list if necessary.

Manufacturer	**Model #**	**Serial #** (Greater than $10,000 items only)	**Description (**Type of equipment, i.e. Editing, etc)	**Value**
				$0
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
			Total	$0

Application Notes / Additional Information

Notes