Collectible Items Inventory Sheet

AMERICAN COLLECTORS INSURANCE

Name of Applicant/Insured: _____

Quote #/Policy #: _____

Inventory completed on: _____

Item #	Collection Type	Name of Items	Year of Origin	Serial #	Item Value	Condition	Storage Location	Year	Purchase Price	Proof of Purchase Available?	Value Reference
1											
2											
3											
4											
5											
6											
7											
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