



DRIVE-IN INSURANCE INVENTORY FORM

Creating an inventory list of the equipment you have helps ensure that your insurance policy is accurate.

Additionally, if you make a claim, it will be much easier to process if you already have the information compiled. Download and make copies of this form - and be sure to review it each year to make sure it's up to date.

Powered by The Agent Insurance

| | |
|----------|-------|
| Name: | Date: |
| Company: | |

CASH ON HAND AT ANY GIVEN TIME: \$ _____

| PROJECTORS / COMPUTERS / POS SYSTEMS / ETC. | | | | |
|---|-------|--------|-------------|--------------|
| Name: | Make: | Model: | Serial No.: | Replacement: |
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| OFFICE FURNITURE/FIXTURES/SHELVING / CONCESSION / RESTAURANT EQUIPMENT | | | | |
|--|------|--------|--------|--------------|
| Name: | Qty, | Make.: | Model: | Replacement: |
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| INVENTORY: LARGE QUANTITIES or LOTS of VALUE / STOCK, FOOD, PAPER PRODUCTS | | |
|--|-------|--------------|
| Name: | Qty.: | Replacement: |
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| TOOLS: PLEASE LIST ANY TOOL THAT WOULD BE VALUED OVER \$1,000 (MOWERS, TRACTORS, GOLF CARTS, ETC.) | | | | |
|--|-------|--------|-------------|--------------|
| Name: | Make: | Model: | Serial No.: | Replacement: |
| | | | | |
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NOTES: (Anything additional you would like to provide:

| | | |
|---------------|-------|----------------------------|
| Printed Name: | | Total Replacement Cost: \$ |
| Signature: | Date: | |