



The
DOMINION OF CANADA
General Insurance Company

Page Number:	
---------------------	--

Contents List

Insured:		Date of Loss:	
Policy Number:		Adjuster:	

	Item	Where Purchased?	When?	Original Cost	Comments
1.				\$	
2.				\$	
3.				\$	
4.				\$	
5.				\$	
6.				\$	
7.				\$	
8.				\$	
9.				\$	
10.				\$	
11.				\$	
12.				\$	
13.				\$	
14.					