

OFFICE INVENTORY AND VALUATION FORM



Please use this form to maintain a current record of the contents of your office and their replacement values, for insurance purposes. To be fully insured, the face value of your office insurance policy should equal the total replacement cost for all your office contents. If you have more than one dental office, use a separate form for each location.

If you ever need to make a claim under the Office Contents portion of your TripleGuardSM Insurance, this record will be of great assistance. The onus is on you to provide the insurance company with both a complete list of the property destroyed or damaged and an estimate of its replacement cost. Unless you have prepared a thorough inventory beforehand, you may find the task very difficult.

You are urged, therefore, to complete this inventory and valuation and update the form regularly. Store the form in a safe place outside your office, such as a safety deposit box. The time you spend now may save you hours of inconvenience and hundreds of dollars, later.

NAME

OFFICE LOCATION

DATE FORM COMPLETED

1. OPERATORIES

ITEM	#	UNIT REPLACEMENT COST	CURRENT TOTAL REPLACEMENT COST
Dental Chair(s)			
Operating Units (including air driven hand pieces)			
Amalgamators			
Individual Hand Pieces			
Sterilizers			
Autoclaves			
Compressor(s)			
Cabinets			
Articulators			
Operating Lights			
Assistant Stool(s)			
Operating Stool(s)			
Oral Evacuator System			
Pneumatic Condenser			
Nitrous Sedation Unit			
Hand Instruments			
Hydrocolloid Conditioner			
Misc. Oper. Room Supplies			
Intra Oral Camera			
Filling Material & Supplies			
Misc. Surgical Supplies			
Prosthetic Supplies			
Prosthetic Accessories			
X-ray Processors			
Developing Equipment			
X-ray Supplies			
Other X-ray Equipment			
Other			
Other			
TOTAL #1			

2. LABORATORY

ITEM	#	UNIT REPLACEMENT COST	CURRENT TOTAL REPLACEMENT COST
Benches			
Burnout Oven			
Casting & Soldering Bench			
Electric Welder			
Model Trimmer			
Polishing Lathe & Hood			
Cabinets			
Other			
Other			
TOTAL #2			

3. BUSINESS OFFICE & RECEPTION AREA

ITEM	#	UNIT REPLACEMENT COST	CURRENT TOTAL REPLACEMENT COST
Desks			
Tables			
Chairs			
Couches			
Typewriters			
Computer Hardware & Software			
Adding Machines			
Photocopier			
Filing Cabinets			
Stationery Supplies			
Carpets			
Lamps			
Drapes			
Sound System			
Pictures & Ornaments			
Other			
Other			

4. PRIVATE OFFICE			
ITEM	#	UNIT REPLACEMENT COST	CURRENT TOTAL REPLACEMENT COST
Desk			
Chairs			
Couch			
Filing Cabinets			
Carpets			
Lamps			
Drapes			
Pictures & Ornaments			
Other			
TOTAL #4			

5. STAFF ROOM			
ITEM	#	UNIT REPLACEMENT COST	CURRENT TOTAL REPLACEMENT COST
Tables			
Chairs			
Refrigerator			
Microwave Oven			
Cabinets			
Carpets			
Lamps			
Drapes			
Pictures & Ornaments			
Other			
TOTAL #5			

6. EDUCATION OR HEALTH LEARNING ROOMS			
ITEM	#	UNIT REPLACEMENT COST	CURRENT TOTAL REPLACEMENT COST
Tables			
Chairs			
Cabinets			
TV/Video Equipment			
Supplies			
Other			
TOTAL #6			

7. LEASEHOLD IMPROVEMENTS			
ITEM	#	UNIT REPLACEMENT COST	CURRENT TOTAL REPLACEMENT COST
Office plumbing (including water, waste, air, vacuum, gas N2O, O2, etc.)			
Office electrical and lighting fixtures			
Office partitions & doors			
Cabinets & built-ins throughout (including sinks, etc.)			
Floor coverings – broadloom, carpets, linoleum, tile, etc.			
Decorating – painting, wall-coverings, etc.			
Other Improvements			
TOTAL #7			

TOTALS	
ITEM	TOTAL REPLACEMENT COST
#1 Operatories	
#2 Laboratory	
#3 Business Office & Reception Area	
#4 Private Office	
#5 Staff Room	
#6 Education or Health Learning Rooms	
#7 Leasehold Improvements	
GRAND TOTAL	

Claim Support Centre

Should you find yourself in a claim situation related to your TripleGuard™ office insurance, please contact CDSPI's Claim Support Centre immediately. We are here to ensure that the claim process runs as smoothly as possible for you.

1-800-561-9401 (toll free) or (416) 296-9401

Extension 5015

E-mail: claims@cdspi.com