

DBIC

Dentists
Benefits
Insurance
Company

Insured Name: _____

Policy Number: _____

This inventory sheet is provided to you to assist you in itemizing the value of your contents and equipment. Extra lines have been provided if you wish to list or add specific items:

Total Number of Operatories: _____ X \$90,000 = \$ _____

<u>Equipment Type(not included above)</u>	<u>Current Value</u>	<u>Replacement Value</u>
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Phone Equipment:	\$ _____	\$ _____
_____	\$ _____	\$ _____

Computer Equipment& Software:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Sterilization Equipment:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Laser Equipment:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

X-Ray Equipment:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Digital Equipment:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

CERAC:	\$ _____	\$ _____
_____	\$ _____	\$ _____

Miscellaneous Office Equipment/ Machines:	\$ _____	\$ _____
Miscellaneous office Furniture:	\$ _____	\$ _____
Consumables (monthly expenditure):	\$ _____	
Drugs/Medication	\$ _____	
Tenant Improvements	\$ _____	