

SUPPLEMENTAL SCHEDULE – SHORT-TERM RENTALS COST DETAIL: FURNITURE & EQUIPMENT

One by one, please list EACH ITEM that is available to your guests in the short-term rental property. Please document the actual cost and year acquired. When complete, the TOTAL of all sections needs to be documented on Page 1, Part II, Line 7 of the Business Property Statement.

This Schedule is provided as a convenience to assist you in completing the Business Property Statement. This Schedule can be used in lieu of completing Schedules A and B.

Year acquired	Bedroom #1 <i>furniture &amp; belongings</i>	Original cost	Year acquired	Living area <i>furniture &amp; belongings</i>	Original cost	Year acquired	Kitchen <i>appliances</i>	Original cost
	Mattress			Sofa			Dishwasher	
	Box Spring			Chairs			Refrigerator	
	Bedframe			Rug			Stove	
	Pillows and bedding			TV			Microwave	
	Duvet cover / blanket			Table			Toaster	
	Bureau / chest of drawers			Storage chest of drawers			Coffee maker	
	Rug			Table lamp			Blender	
	Mirror			Floor lamp			Ice maker	
	Table lamp			Mirror			Other	
	Floor lamp			Artwork: painting/picture				
	Artwork: painting/picture			Clocks				
	TV			Other				
	Other							
	<b>Total</b>			<b>Total</b>			<b>Total</b>	
Year acquired	Bedroom #2 <i>furniture &amp; belongings</i>	Original cost	Year acquired	Dining & Kitchen <i>furniture &amp; belongings</i>	Original cost	Year acquired	Other <i>equipment</i>	Original cost
	Mattress			Dishware			Clothes washer	
	Box Spring			Flatware			Clothes dryer	
	Bedframe			Pots and pans			Vacuum cleaner	
	Pillows and bedding			Table			Computers	
	Duvet cover / blanket			Chairs			Bikes	
	Bureau / chest of drawers			Rug			Sports equipment	
	Rug			Table lamp			Security systems	
	Mirror			Floor lamp			Outdoor playground	
	Table lamp			Mirror			Patio furniture	
	Floor lamp			Artwork: painting/picture			Gazebo	
	Artwork: painting/picture			Clocks			Portable hot tub	
	TV			Other			Pool equipment	
	Other						Other	
	<b>Total</b>			<b>Total</b>			<b>Total</b>	
Year acquired	Bedroom #3 <i>furniture &amp; belongings</i>	Original cost	Year acquired	Bathroom <i>furniture &amp; belongings</i>	Original cost	Remarks: _____ _____ _____ _____ _____		
	Mattress			Bath towels				
	Box Spring			Hand towels				
	Bedframe			Other				
	Pillows and bedding							
	Duvet cover / blanket							
	Bureau / chest of drawers							
	Rug							
	Mirror							
	Table lamp							
	Floor lamp							
	Artwork: painting/picture							
	TV							
	Other							
	<b>Total</b>			<b>Total</b>				