

HOME INVENTORY CHECKLIST

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Original Inventory: _____

Revised On: _____

Revised On: _____

Revised On: _____

Revised On: _____

Revised On: _____

HOME INVENTORY CHECKLIST

HOME INFORMATION

Year Built: _____ Builder: _____
Sq. Footage: _____ Lot: _____
Purchased On: _____ Price: _____
Previous Owners: _____
Mortgage Company: _____
Location of Plot Plan: _____
Location of Deed: _____

INSURANCE INFORMATION

Homeowners: _____
Earthquake: _____ Mortgage: _____
Flood: _____ Fire: _____

APPRAISALS

Amount: _____ Year: _____
Amount: _____ Year: _____
Amount: _____ Year: _____
Amount: _____ Year: _____

HOME INVENTORY CHECKLIST

LIVING ROOM

ITEM DESCRIPTION	# OF	DATE PURCHASED	PRICE
Sofas			
Chairs			
Lamps			
Rugs			
Tables			
Curtains			
Draperies			
Window Hardware			
Mirrors			
Clocks			
Radios			
Piano			
Stereo			
Paintings (attach list)			
Desk			
Fireplace Equipment (attach list)			
Bookcases			
Television			
Video Games (attach list)			
Tapes (attach list)			
Compact Discs (attach list)			
VCR			
DVD Player			
DVDs			
Window Air Conditioner			
Ceiling Fan			
Computer			
Desk			
Board games/Toys (attach list)			
Telephone			
Cabinets and Contents (attach list)			
Additional Items			
TOTAL			

HOME INVENTORY CHECKLIST

FAMILY ROOM/DEN

ITEM DESCRIPTION	# OF	DATE PURCHASED	PRICE
Bookcases			
Books			
Cabinets and Contents (attach list)			
Compact Discs (attach list)			
Ceiling Fan			
Chairs			
Clocks			
Closet Contents (attach list)			
Computer			
Couches			
Desk			
Drapes			
Curtains			
Window Hardware			
Electronic Games (attach list)			
Entertainment Center			
Fireplace Equipment (attach list)			
Games/Toys (attach list)			
Hobby Equipment (attach list)			
Lamps			
Piano			
Pictures			
Rugs			
Tables			
Telephone			
Television			
VCR			
DVDs (attach list)			
DVD Player			
Tapes (attach list)			
Wall Shelving			
Window Air Conditioner			
Additional Items			
TOTAL			

HOME INVENTORY CHECKLIST

SUMMARY

PAGE

- 4 Living Room: \$ _____
- 5 Dining Room: \$ _____
- 6 Kitchen: \$ _____
- 7 Laundry Room: \$ _____
- 8 Family Room/Den: \$ _____
- 9 Bathroom #1: \$ _____
- 10 Bathroom #2: \$ _____
- 11 Bathroom #3: \$ _____
- 12 Hallways: \$ _____
- 13 Bedroom #1: \$ _____
- 14 Bedroom #2: \$ _____
- 15 Bedroom #3: \$ _____
- 16 Bedroom #4: \$ _____
- 17 Bedroom #5: \$ _____
- 18 Attic/Basement/Garage: \$ _____
- 19 Hobby Items: \$ _____
- 20 Office Equipment: \$ _____
- 21 Valuables: \$ _____
- 22 Other Items: \$ _____

TOTAL: \$ _____

Present Insurance: \$ _____

Addition Insurance: \$ _____

TOTAL INSURANCE NOW: \$ _____

Date: _____