Home Inventory Checklist

It is important to be prepared if the unthinkable happens – fire, theft, severe weather, or other causes of significant damage are always present.

An accurate inventory at the time of a loss can make settling your claim much easier and faster. This inventory will take a good amount of time to complete fully, but it is worth the time spent now to avoid frustration later. This Home Inventory Checklist is divided by rooms – one page per room – and is meant to serve not only as a place to record detailed information, but it will also serve as a guide, identifying items commonly overlooked during the inventory process.

A good home inventory includes more than just this packet…it includes receipts, photos, detailed descriptions, and even a video of your home, taking care to record each room and all your possessions in each area of your home.

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Home Inventory Checklist

Living Room

# of Items	Item	Year Purchased	Cost
	Air Conditioner Window Unit		
	Books		
	Bookcases		
	Desks		
	Fireplace Equipment		
	Furniture		
	Lamps		
	Organ/Piano		
	Rugs		
	Tables		
	Shelves		
		TOTAL	**$**

Where applicable, please itemize items.

Home Inventory Checklist

Dining Room

# of Items	Item	Year Purchased	Cost
	Air Conditioner Window Unit		
	Buffet		
	Dining Room Set		
	China		
	Crystal		
	Rug		
	Silverware/Goldware		
	Table Linens		
		TOTAL	**$**

Where applicable, please itemize items.

Home Inventory Checklist

Family Room/Den/Office

# of Items	Item	Year Purchased	Cost
	Air Conditioner Window Unit		
	Books		
	Bookcases		
	Desks		
	Fireplace Equipment		
	Furniture		
	Lamps		
	Organ/Piano		
	Rugs		
	Tables		
	Shelves		
		TOTAL	**$**

Where applicable, please itemize items.

Home Inventory Checklist

Kitchen/Laundry Room

# of Items	Item	Year Purchased	Cost
	Small Appliances		
	Books		
	Dishes		
	Washing Machine/Dryer		
	Cutlery/Utensils		
	Glassware		
	Ironing Board		
	Linens		
	Pots and Pans		
	Dishwasher		
	Refrigerator		
	Freezer		
	Stove		
	Table		
		TOTAL	**$**

Where applicable, please itemize items.

Home Inventory Checklist

Bathrooms

# of Items	Item	Year Purchased	Cost
	Electrical Appliances		
		TOTAL	**$**

Where applicable, please itemize items.

Home Inventory Checklist

Halls

# of Items	Item	Year Purchased	Cost
		TOTAL	**$**

Where applicable, please itemize items.

Home Inventory Checklist

Master Bedroom

# of Items	Item	Year Purchased	Cost
	Air Conditioner Window Unit		
	Bedding		
	Bed		
	Books		
	Chairs		
	Chests		
	Desk		
	Dressers		
	Dressing Table		
	Lamps		
	Rug		
	Tables		
		TOTAL	**$**

Where applicable, please itemize items.

Home Inventory Checklist

Bedroom #2

# of Items	Item	Year Purchased	Cost
	Air Conditioner Window Unit		
	Bedding		
	Bed		
	Books		
	Chairs		
	Chests		
	Desk		
	Dressers		
	Dressing Table		
	Lamps		
	Rug		
	Tables		
		TOTAL	**$**

Where applicable, please itemize items.

Home Inventory Checklist

Bedroom #3

# of Items	Item	Year Purchased	Cost
	Air Conditioner Window Unit		
	Bedding		
	Bed		
	Books		
	Chairs		
	Chests		
	Desk		
	Dressers		
	Dressing Table		
	Lamps		
	Rug		
	Tables		
		TOTAL	**$**

Where applicable, please itemize items.

Home Inventory Checklist

Bedroom #4

# of Items	Item	Year Purchased	Cost
	Air Conditioner Window Unit		
	Bedding		
	Bed		
	Books		
	Chairs		
	Chests		
	Desk		
	Dressers		
	Dressing Table		
	Lamps		
	Rug		
	Tables		
		TOTAL	**$**

Where applicable, please itemize items.

Home Inventory Checklist

Attic

# of Items	Item	Year Purchased	Cost
	Furniture		
	Luggage		
		TOTAL	**$**

Where applicable, please itemize items.

Home Inventory Checklist

Basement

# of Items	Item	Year Purchased	Cost
	Furniture		
	Luggage		
		TOTAL	**$**

Where applicable, please itemize items.

Home Inventory Checklist

Garage

# of Items	Item	Year Purchased	Cost
	Auto Equipment		
	Garden Tools		
	Lawn Furniture/Games		
	Other Tools		
		TOTAL	**$**

Where applicable, please itemize items.

Miscellaneous

(Jewelry, Furs, Collector's Items, Electronics, Previous Metals, Art, Sports Equipment)

# of Items	Item	Year Purchased	Cost
		TOTAL	**$**

Where applicable, please itemize items.

Important Contact Information

My Agent: _____

Agency Name: _____

Telephone No.: _____

Address: _____

_____

Local Emergency Contact Information:

Police: _____

Fire: _____

EMS: _____

Physician: _____