


Household Inventory



A personal inventory is crucial to assuring that you get back what you deserve from your insurance company if you ever suffer a loss. The following Household Inventory worksheet looks intimidating, but if you take the time to complete it, you could save yourself a lot of grief—and money—later on. Taking photographs or a videotape of your possessions will be a big help. Space is provided to indicate the date of purchase and cost of any expensive items that you own.

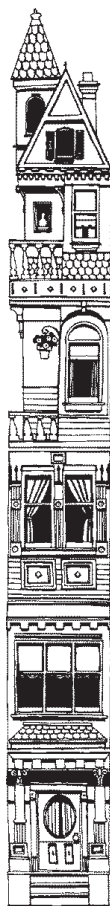
Make no mistake about it—taking a household inventory is one of the most boring things you’ll ever do! Save it for a rainy Saturday, but don’t wait too long to do it.

By the way, store your inventory and photographs or videotape somewhere away from your home—in your safe-deposit box or in your desk at the office. Also, remember to keep your inventory up-to-date by adding receipts for possessions subsequently acquired to your inventory work sheet.

Finally, if you have valuable possessions, (jewelry, silverware, for example), keep in mind that your basic homeowner’s or renter’s insurance policy probably imposes very low limits on how much you can collect on them. Therefore, you’ll need to get your valuables appraised and have your insurer add special coverage for them—alas, at extra cost.

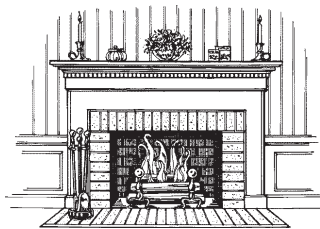


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Living Room

	Purchase Date	Purchase Price
Sofas/loveseats: _____	_____	_____
_____	_____	_____
Chairs: _____	_____	_____
_____	_____	_____
Tables: _____	_____	_____
_____	_____	_____
Other furniture: _____	_____	_____
_____	_____	_____
Window blinds/shades: _____	_____	_____
_____	_____	_____
Curtains/drapes: _____	_____	_____
_____	_____	_____
Window hardware: _____	_____	_____
_____	_____	_____
Carpeting/rugs: _____	_____	_____
_____	_____	_____
Mirrors: _____	_____	_____
_____	_____	_____
Paintings/prints/photos: _____	_____	_____
_____	_____	_____
_____	_____	_____
Lamps/fixtures: _____	_____	_____
_____	_____	_____
Clocks: _____	_____	_____
_____	_____	_____
Accessories: _____	_____	_____
_____	_____	_____
_____	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

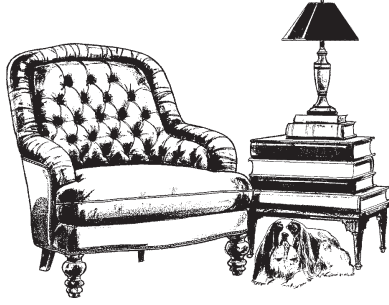




Dining Room

	Purchase Date	Purchase Price
Dining table: _____	_____	_____
Chairs: _____	_____	_____
_____	_____	_____
_____	_____	_____
Buffet: _____	_____	_____
China cabinet: _____	_____	_____
Other furniture: _____	_____	_____
_____	_____	_____
Window blinds/shades: _____	_____	_____
_____	_____	_____
Curtains/drapes: _____	_____	_____
_____	_____	_____
Window hardware: _____	_____	_____
_____	_____	_____
Carpeting/rugs: _____	_____	_____
_____	_____	_____
Mirrors: _____	_____	_____
_____	_____	_____
Paintings/prints/photos: _____	_____	_____
_____	_____	_____
_____	_____	_____
Lamps/fixtures: _____	_____	_____
_____	_____	_____
Clocks: _____	_____	_____
_____	_____	_____
Accessories: _____	_____	_____
_____	_____	_____
China: _____	_____	_____
_____	_____	_____
Silverware: _____	_____	_____
_____	_____	_____
Crystal: _____	_____	_____
_____	_____	_____
Table linens: _____	_____	_____
_____	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





Study or Library

	Purchase Date	Purchase Price
Desk: _____	_____	_____
Chairs: _____	_____	_____
_____	_____	_____
_____	_____	_____
Other furniture: _____	_____	_____
_____	_____	_____
Window blinds/shades: _____	_____	_____
_____	_____	_____
Curtains/drapes: _____	_____	_____
_____	_____	_____
Window hardware: _____	_____	_____
_____	_____	_____
_____	_____	_____
Carpeting/rugs: _____	_____	_____
_____	_____	_____
Mirrors: _____	_____	_____
_____	_____	_____
Paintings/prints/photos: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Lamps/fixtures: _____	_____	_____
_____	_____	_____
_____	_____	_____
Clocks: _____	_____	_____
_____	_____	_____
Books: _____	_____	_____
_____	_____	_____
_____	_____	_____
Accessories: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

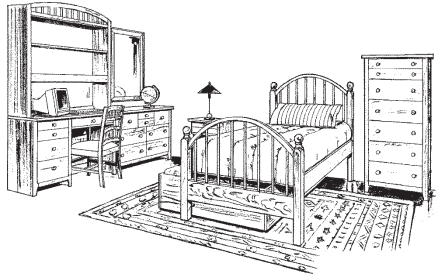




Master Bedroom

	Purchase Date	Purchase Price
Bed: _____	_____	_____
Tables: _____	_____	_____
_____	_____	_____
Chairs: _____	_____	_____
_____	_____	_____
Other furniture: _____	_____	_____
_____	_____	_____
Window blinds/shades: _____	_____	_____
_____	_____	_____
Curtains/drapes: _____	_____	_____
_____	_____	_____
Window hardware: _____	_____	_____
_____	_____	_____
Carpeting/rugs: _____	_____	_____
_____	_____	_____
Mirrors: _____	_____	_____
_____	_____	_____
Paintings/prints/photos: _____	_____	_____
_____	_____	_____
_____	_____	_____
Lamps/fixtures: _____	_____	_____
_____	_____	_____
Clocks: _____	_____	_____
_____	_____	_____
Accessories: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Bed linens: _____	_____	_____
_____	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





Bedroom One

	Purchase Date	Purchase Price
Bed(s): _____	_____	_____
Tables or desk(s): _____	_____	_____
_____	_____	_____
Chairs: _____	_____	_____
_____	_____	_____
Other furniture: _____	_____	_____
_____	_____	_____
Window blinds/shades: _____	_____	_____
_____	_____	_____
Curtains/drapes: _____	_____	_____
_____	_____	_____
Window hardware: _____	_____	_____
_____	_____	_____
Carpeting/rugs: _____	_____	_____
_____	_____	_____
Mirrors: _____	_____	_____
_____	_____	_____
Paintings/prints/photos: _____	_____	_____
_____	_____	_____
_____	_____	_____
Lamps/fixtures: _____	_____	_____
_____	_____	_____
Clocks: _____	_____	_____
_____	_____	_____
Accessories: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Bed linens: _____	_____	_____
_____	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



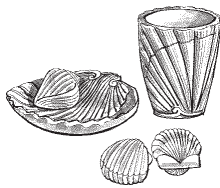


Kitchen

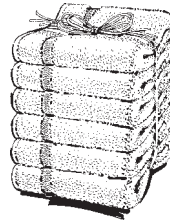
Purchase Date Purchase Price

	Purchase Date	Purchase Price
Tables: _____	_____	_____
_____	_____	_____
Chairs: _____	_____	_____
_____	_____	_____
Other furniture: _____	_____	_____
_____	_____	_____
Window blinds/shades: _____	_____	_____
_____	_____	_____
Curtains: _____	_____	_____
_____	_____	_____
Window hardware: _____	_____	_____
_____	_____	_____
Rugs: _____	_____	_____
_____	_____	_____
Paintings/prints: _____	_____	_____
_____	_____	_____
Lamps/fixtures: _____	_____	_____
_____	_____	_____
Clocks: _____	_____	_____
Pots, pans: _____	_____	_____
_____	_____	_____
Cookware: _____	_____	_____
_____	_____	_____
Cutlery and kitchen implements: _____	_____	_____
_____	_____	_____
Dishes: _____	_____	_____
_____	_____	_____
Silverware: _____	_____	_____
_____	_____	_____
Accessories: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





Bathrooms



	Purchase Date	Purchase Price
1. Location: _____		
Furniture: _____		
Chairs: _____		
Mirrors: _____		

Rugs: _____		
Curtains: _____		
Artwork: _____		
Accessories: _____		

Linens: _____		

Other: _____		



	Purchase Date	Purchase Price
2. Location: _____		
Furniture: _____		
Chairs: _____		
Mirrors: _____		

Rugs: _____		
Curtains: _____		
Artwork: _____		
Accessories: _____		

Linens: _____		

Other: _____		



	Purchase Date	Purchase Price
3. Location: _____		
Furniture: _____		
Chairs: _____		
Mirrors: _____		

Rugs: _____		
Curtains: _____		
Artwork: _____		

Accessories: _____		

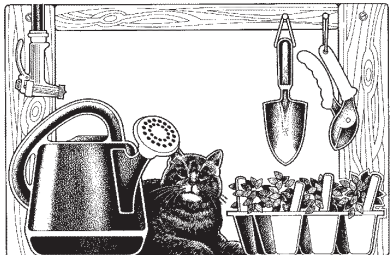
Linens: _____		

Other: _____		

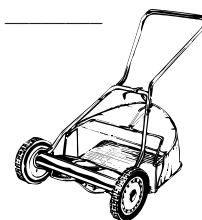




Basement/Garage



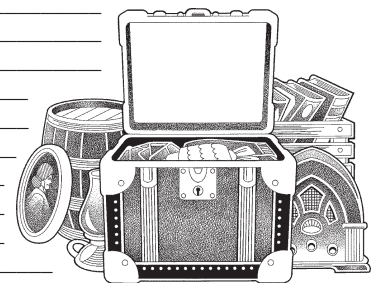
	Location	Purchase Date	Purchase Price
<input type="checkbox"/> Lawn mower: _____	_____	_____	_____
<input type="checkbox"/> Snow blower: _____	_____	_____	_____
<input type="checkbox"/> Hedge trimmer: _____	_____	_____	_____
<input type="checkbox"/> Edger: _____	_____	_____	_____
<input type="checkbox"/> Leaf blower: _____	_____	_____	_____
<input type="checkbox"/> Other power equipment: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Tiller: _____	_____	_____	_____
<input type="checkbox"/> Roter: _____	_____	_____	_____
<input type="checkbox"/> Hoe: _____	_____	_____	_____
<input type="checkbox"/> Rakes: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Wheelbarrel: _____	_____	_____	_____
<input type="checkbox"/> Other gardening and outdoor tools: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Ladder(s): _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Saw(s): _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Other (non-power) hand tools: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Gardening hand tools: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Gardening shovels: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Snow shovels: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Brooms: _____	_____	_____	_____
_____	_____	_____	_____

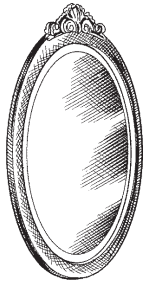




Garage/Basement

	Location	Purchase Date	Purchase Date
<input type="checkbox"/> Workbench: _____	_____	_____	_____
<input type="checkbox"/> Carpentry (non-power) hand tools: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Painting supplies: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Building supplies: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Carpentry supplies: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Gardening supplies: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Cleaning supplies: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Canned goods and household supplies: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Pet supplies: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Furniture: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Luggage and trunks: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Exercise equipment: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Sports equipment: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Outdoor games: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Toys: _____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





Hallways & Foyers



	Purchase Date	Purchase Price
1. Tables: _____	_____	_____
Chairs: _____	_____	_____
Other furniture: _____	_____	_____
Mirrors: _____	_____	_____
Lamps/fixtures: _____	_____	_____
Paintings/prints: _____	_____	_____
Artwork: _____	_____	_____
Floral arrangements: _____	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____



	Purchase Date	Purchase Price
2. Tables: _____	_____	_____
Chairs: _____	_____	_____
Other furniture: _____	_____	_____
Mirrors: _____	_____	_____
Lamps/fixtures: _____	_____	_____
Paintings/prints: _____	_____	_____
Artwork: _____	_____	_____
Floral arrangements: _____	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____



Small Appliances



Kitchen

	Location	Model #	Serial #	Purchase Date	Purchase Price
<input type="checkbox"/> Microwave: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Coffee maker: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Food processor: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Food mixer: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Blender: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Juicer: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Toaster: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Toaster oven: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Iron: _____	_____	_____	_____	_____	_____
Other kitchen appliances: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Personal Care

<input type="checkbox"/> Hair dryer(s): _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Electric toothbrush(s): _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Electric razor(s) _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Other personal care appliances: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Power & Craft Tools

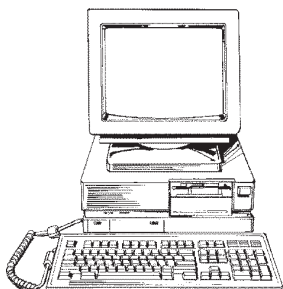
<input type="checkbox"/> Drill: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Sander: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hand saw: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Table saw: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Sewing machine: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Electric stapler: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Other power tools: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Small Appliances

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Large Appliances

<input type="checkbox"/> Refrigerator: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Clothes washer: _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Clothes dryer: _____	_____	_____	_____	_____	_____
Other large appliances: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



Computers

	Location	Model #	Serial #	Purchase Date	Purchase Price
1. Computer: _____	_____	_____	_____	_____	_____
Monitor: _____	_____	_____	_____	_____	_____
Printer: _____	_____	_____	_____	_____	_____
Peripherals: _____	_____	_____	_____	_____	_____
Accessories: _____	_____	_____	_____	_____	_____
Software: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

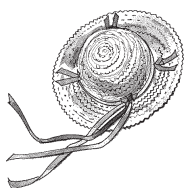


	Location	Model #	Serial #	Purchase Date	Purchase Price
2. Computer: _____	_____	_____	_____	_____	_____
Monitor: _____	_____	_____	_____	_____	_____
Printer: _____	_____	_____	_____	_____	_____
Peripherals: _____	_____	_____	_____	_____	_____
Accessories: _____	_____	_____	_____	_____	_____
Software: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

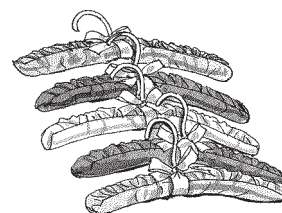


	Location	Model #	Serial #	Purchase Date	Purchase Price
3. Computer: _____	_____	_____	_____	_____	_____
Monitor: _____	_____	_____	_____	_____	_____
Printer: _____	_____	_____	_____	_____	_____
Peripherals: _____	_____	_____	_____	_____	_____
Accessories: _____	_____	_____	_____	_____	_____
Software: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____





Clothes & Jewelry



Women's Jewelry

Location

Purchase Date

Purchase Date

Women's Clothing

Other Personal Items

Men's Jewelry



Location



Purchase Date

Purchase Date

Men's Clothing

Other Personal Items



