



# HOME INVENTORY CHECKLIST



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# HOME INVENTORY CHECKLIST



## Why create a home inventory checklist?

Though your homeowners insurance policy provides the protection that you need in the event of a loss such as a fire or burglary, your policy can only pay for items that you can document. In order to assure that all your prize possessions will be replaced, you should conduct a home inventory so you have a finite record of everything that you own. This inventory will assist you in determining which items were destroyed or stolen.

## How should you conduct a home inventory?

To complete a full home inventory, walk through every room in your home and identify all of the contents. It is also wise to take photographs or make a video of all of your possessions, and keep this media documentation with your list. Then, place all of this information into a fire-proof safe or safety deposit box at your bank.

Periodically, update this list as you purchase more items for your home.

## How does a home inventory list relate to my insurance policy?

Not only can a household inventory checklist assist you in the event of a loss, it can also help you determine whether you have enough insurance coverage. Your coverage should equal the cost of your possessions at today's prices. Items such as jewelry, furs and fine art should be appraised on a regular basis to ensure that you have enough insurance to cover their high-priced value.

Once you have completed your home inventory walk-thru, contact Friedman Associates for more assistance with your insurance needs.

# 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



## KITCHEN

ITEM DESCRIPTION	# OF	DATE PURCHASED	PRICE
Stove/Oven			
Refrigerator			
Dishwasher			
Table			
Chairs			
Cabinets and Contents (attach list)			
Utensils			
Cutlery			
Dishes (attach list)			
Glassware			
Freezer			
Microwave			
Rotisserie			
Food Processor			
Mixer			
Blender			
Radio			
Clock			
Television			
Ceiling Fan			
Cookbooks			
Crystal			
Foods			
Garbage Disposal			
Linens			
Liquors			
Pots and Pans			
Small Appliances			
Telephone			
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



## BEDROOM #4

ITEM DESCRIPTION	# OF	DATE PURCHASED	PRICE
Bed			
Mattress/Box Spring			
Bedding			
Chairs			
Dressers			
Rugs			
Tables			
Curtains			
Window Hardware			
Mirrors			
Clocks			
Radios			
Linens			
Desk			
Nightstands			
Lamps			
Paintings (attach list)			
Window Air Conditioner			
Television			
VCR			
DVD Player			
Cabinets and Contents (attach list)			
Games/Toys (attach list)			
Men's Clothing (attach list)			
Women's Clothing (attach list)			
Children's Clothing (attach list)			
Shoes (attach list)			
Handbags (attach list)			
Additional Items			
TOTAL			

# HOME INVENTORY CHECKLIST



## BEDROOM #5

ITEM DESCRIPTION	# OF	DATE PURCHASED	PRICE
Bed			
Mattress/Box Spring			
Bedding			
Chairs			
Dressers			
Rugs			
Tables			
Curtains			
Window Hardware			
Mirrors			
Clocks			
Radios			
Linens			
Desk			
Nightstands			
Lamps			
Paintings (attach list)			
Window Air Conditioner			
Television			
VCR			
DVD Player			
Cabinets and Contents (attach list)			
Games/Toys (attach list)			
Men's Clothing (attach list)			
Women's Clothing (attach list)			
Children's Clothing (attach list)			
Shoes (attach list)			
Handbags (attach list)			
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: \$ \_\_\_\_\_

ADDITIONAL INSURANCE: \$ \_\_\_\_\_

TOTAL INSURANCE NOW: \$ \_\_\_\_\_

DATE: \_\_\_\_\_