

# Home Inventory

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**Name**

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**Address**

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**Phone Number**

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**Date**

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**Revision Date**

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**Revision Date**

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**Revision Date**

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Please fill out the following information in order to assess the contents of your home more adequately if a disaster were to occur. Remember to keep the brochure in a safe place not, on your home's premises; for example, a safety deposit box, your desk at work, or a relative's home.

Details are very helpful, so the more information you can provide the more useful the inventory will be. Also, photographs help in the assessing process, so be sure to keep them in a safe place with your Home Inventory.























# Total Amount

Electronics	\$
Decorations	\$
Living Room	\$
Family Room	\$
Dining Room	\$
Kitchen/Pantry	\$
Master Bedroom	\$
Master Bathroom	\$
Bedroom 2	\$
Bedroom 3	\$
Bathroom 2	\$
Bathroom 3	\$
Bedroom 4	\$
Den/Study	\$
Clothing - Men	\$
Clothing - Women	\$
Clothing - Children	\$
Clothing - Children	\$
Porch/Patio	\$
Laundry Room	\$
Garage or Shed	\$
Attic, Basement or Storage Area	\$
<b>Total</b>	\$