Home Inventory

Address _____ **Insurance company** _____ **Policy #** _____

Date completed _____ **Photos / video saved at** _____ **Last updated** _____

Room	Item and description	Brand / model	Serial number	Date purchased	Where purchased	Qty	Price paid (each)	Total value
Living room	Television							
Living room	Sofa							
Kitchen	Refrigerator							
Kitchen	Small appliances							
Bedroom	Bed and mattress							
Bedroom	Jewelry							
Office	Laptop							
Garage	Tools							
Garage	Bicycles							
Total estimated value								

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