



HOME INVENTORY CHECKLIST

Brought to you by:

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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 fireproof 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 Fusco & Orsini Insurance Services 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

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

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: \$ _____

Addition Insurance: \$ _____

TOTAL INSURANCE NOW: \$ _____

Date: _____