



Dining Room

You will need to add additional items to the following list for a complete accounting of your property.

| Description | Total items | Replacement cost | Purchase date / Serial # |
|-----------------------|-------------|------------------|--------------------------|
| Art | | | |
| Cabinets and contents | | | |
| Curtains and blinds | | | |
| Furniture | | | |
| Lighting fixtures | | | |
| Rugs | | | |
| Tables and chairs | | | |
| Tableware | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |



Kitchen

You will need to add additional items to the following list for a complete accounting of your property.

| Description | Total items | Replacement cost | Purchase date / Serial # |
|-----------------------|-------------|------------------|--------------------------|
| Art | | | |
| Cabinets and contents | | | |
| Cookware | | | |
| Curtains and blinds | | | |
| Dishware and utensils | | | |
| Dishwasher | | | |
| Freezer | | | |
| Fridge | | | |
| Microwave oven | | | |
| Oven, stove, range | | | |
| Small appliances | | | |
| Tables and chairs | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |



Family Room / Den / Office

You will need to add additional items to the following list for a complete accounting of your property.

| Description | Total items | Replacement cost | Purchase date / Serial # |
|------------------------|-------------|------------------|--------------------------|
| Art | | | |
| Books and bookshelves | | | |
| Cabinets and contents | | | |
| Closet contents | | | |
| Computers and printers | | | |
| Curtains and blinds | | | |
| Furniture | | | |
| Lamps | | | |
| Musical instruments | | | |
| Rugs | | | |
| Stereo and speakers | | | |
| Telephones | | | |
| Televisions | | | |
| Toys | | | |
| Video game consoles | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |



Entryway and Hallways

You will need to add additional items to the following list for a complete accounting of your property.

| Description | Total items | Replacement cost | Purchase date / Serial # |
|---------------------|-------------|------------------|--------------------------|
| Alarm system | | | |
| Art | | | |
| Closet contents | | | |
| Curtains and blinds | | | |
| Furniture | | | |
| Footwear | | | |
| Lamps | | | |
| Rugs | | | |
| Vacuum cleaners | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |



Master Bedroom

You will need to add additional items to the following list for a complete accounting of your property.

| Description | Total items | Replacement cost | Purchase date / Serial # |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|--------------------------|
| Art | | | |
| Bed | | | |
| Bedding and pillows | | | |
| Clothing: Accessories Coats/jackets Dresses/skirts Hats Pants Purses/bags Scarves Shirts/tops Shoes/boots Suits Ties Other | | | |
| Curtains and blinds | | | |
| Furniture | | | |
| Jewelry | | | |
| Lamps | | | |
| Rugs | | | |
| TV and electronics | | | |
| Vanity | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |



Bedroom A

You will need to add additional items to the following list for a complete accounting of your property.

| Description | Total items | Replacement cost | Purchase date / Serial # |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|--------------------------|
| Art | | | |
| Bed | | | |
| Bedding and pillows | | | |
| Clothing: Accessories Coats/jackets Dresses/skirts Hats Pants Purses/bags Scarves Shirts/tops Shoes/boots Suits Ties Other | | | |
| Curtains and blinds | | | |
| Furniture | | | |
| Jewelry | | | |
| Lamps | | | |
| Rugs | | | |
| TV and electronics | | | |
| Vanity | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |



Bedroom B

You will need to add additional items to the following list for a complete accounting of your property.

| Description | Total items | Replacement cost | Purchase date / Serial # |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|--------------------------|
| Art | | | |
| Bed | | | |
| Bedding and pillows | | | |
| Clothing: Accessories Coats/jackets Dresses/skirts Hats Pants Purses/bags Scarves Shirts/tops Shoes/boots Suits Ties Other | | | |
| Curtains and blinds | | | |
| Furniture | | | |
| Jewelry | | | |
| Lamps | | | |
| Rugs | | | |
| TV and electronics | | | |
| Vanity | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |



Bedroom C

You will need to add additional items to the following list for a complete accounting of your property.

| Description | Total items | Replacement cost | Purchase date / Serial # |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|--------------------------|
| Art | | | |
| Bed | | | |
| Bedding and pillows | | | |
| Clothing: Accessories Coats/jackets Dresses/skirts Hats Pants Purses/bags Scarves Shirts/tops Shoes/boots Suits Ties Other | | | |
| Curtains and blinds | | | |
| Furniture | | | |
| Jewelry | | | |
| Lamps | | | |
| Rugs | | | |
| TV and electronics | | | |
| Vanity | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |



Bathrooms

You will need to add additional items to the following list for a complete accounting of your property.

| Description | Total items | Replacement cost | Purchase date / Serial # |
|-----------------------|-------------|------------------|--------------------------|
| Cabinets and contents | | | |
| Closet contents | | | |
| Electrical appliances | | | |
| Linens and towels | | | |
| Rugs | | | |
| Mirrors | | | |
| Toiletries | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |



Basement / Laundry Room

You will need to add additional items to the following list for a complete accounting of your property.

| Description | Total items | Replacement cost | Purchase date / Serial # |
|------------------------|-------------|------------------|--------------------------|
| Art | | | |
| Curtains and blinds | | | |
| Furniture | | | |
| Games | | | |
| Furnace / Heating unit | | | |
| Hot water tank | | | |
| Luggage | | | |
| Rugs | | | |
| Washing machine/dryer | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |



Garage / Storage

You will need to add additional items to the following list for a complete accounting of your property.

| Description | Total items | Replacement cost | Purchase date / Serial # |
|-------------------|-------------|------------------|--------------------------|
| Automobile | | | |
| Auto accessories | | | |
| Barbeque | | | |
| Bicycles | | | |
| Camping equipment | | | |
| Electric tools | | | |
| Gardening tools | | | |
| Hand tools | | | |
| Lawnmower | | | |
| Snow blower | | | |
| Sports equipment | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |



Extra Items / Rooms

You will need to add additional items to the following list for a complete accounting of your property.

| Description | Total items | Replacement cost | Purchase date / Serial # |
|--------------|-------------|------------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |





Overview

Total the cost of the items in each room for a complete accounting of your property. This will be used to determine the insurance coverage required for the full value of your possessions.

| Room | Total cost of possessions |
|-----------------------------------------|---------------------------|
| Living room | |
| Dining room | |
| Kitchen | |
| Family room/den/office | |
| Entryway and hallways | |
| Master bedroom | |
| Bedroom A | |
| Bedroom B | |
| Bedroom C | |
| Bathrooms | |
| Basement/laundry room | |
| Garage/storage | |
| Extra rooms | |
| Total contents (coverage needed) | |