## **HOME INVENTORY CHECKLIST**

OWNER INFO						
NAME						
ADDRESS						
CITY, STATE ZIP						
PHONE - LAND						
PHONE - CELL						

INSURANCE INFO							
PROVIDER							
AGENT							
PHONE							
POLICY NO.							
EST. INV. VALUE	\$ - *Total of VALUE fields below.						



	SOURCE	COST				MANUFACTURER	SERIAL NO.	VALUE	CONDITION
DESCRIPTION			YES	VALID THRU	DATE				