

# Home Inventory

## Introduction

Policy number

Coverage

Deductible

Expiry date


### Contacts

Insurance company

Broker/agent


## Overview

### Total cost of possessions by room

<a href="#">Living Room</a>	\$	-
<a href="#">Dining Room</a>	\$	-
<a href="#">Kitchen</a>	\$	-
<a href="#">Family Room or Rec Room</a>	\$	-
<a href="#">Entryway and Hallway</a>	\$	-
<a href="#">Master Bathroom</a>	\$	-
<a href="#">Bathroom A</a>	\$	-
<a href="#">Bathroom B</a>	\$	-
<a href="#">Master Bedroom</a>	\$	-
<a href="#">Basement, Storage and Garage</a>	\$	-
<a href="#">Other Bedroom A</a>	\$	-
<a href="#">Other Bedroom B</a>	\$	-
<a href="#">Office</a>	\$	-
<a href="#">Valuables</a>	\$	-
<b>Inventory Grand Total - coverage needed</b>	<b>\$</b>	<b>-</b>



























