

BEDROOM

You can print this form and store for your records.

Quantity	Item	Date Purchased	Purchase Cost	Replacement Cost
_____	Armchairs / Chairs	_____	_____	_____
_____	Books	_____	_____	_____
_____	Bookshelves	_____	_____	_____
_____	Carpets/Rugs	_____	_____	_____
_____	Clocks	_____	_____	_____
_____	Closed Contents	_____	_____	_____
_____	Compact Discs	_____	_____	_____
_____	Curtains/Drapes/Blinds	_____	_____	_____
_____	Desk	_____	_____	_____
_____	Lamps	_____	_____	_____
_____	Mantelpiece	_____	_____	_____
_____	Mirrors	_____	_____	_____
_____	Musical Instruments	_____	_____	_____
_____	Paintings, etc.	_____	_____	_____
_____	Radio	_____	_____	_____
_____	Shelves	_____	_____	_____
_____	Sofas	_____	_____	_____
_____	Stereo	_____	_____	_____
_____	Sundry Items	_____	_____	_____
_____	Tables	_____	_____	_____
_____	Television	_____	_____	_____
_____	Videotapes	_____	_____	_____
_____	Beds	_____	_____	_____
	TOTAL			_____

LIVING ROOM

You can print this form and store for your records.

Quantity	Item	Date Purchased	Purchase Cost	Replacement Cost
_____	Armchairs / Chairs	_____	_____	_____
_____	Books	_____	_____	_____
_____	Carpets / Rugs	_____	_____	_____
_____	Clocks	_____	_____	_____
_____	Closet contents	_____	_____	_____
_____	Compact Discs	_____	_____	_____
_____	Curtains/Drapes/Blinds	_____	_____	_____
_____	Lamps	_____	_____	_____
_____	Mirrors	_____	_____	_____
_____	Musical Instruments	_____	_____	_____
_____	Paintings, etc	_____	_____	_____
_____	Radio	_____	_____	_____
_____	Sofas	_____	_____	_____
_____	Stereo	_____	_____	_____
_____	Tables	_____	_____	_____
_____	Television	_____	_____	_____
	TOTAL			_____

HALLWAYS

You can print this form and store for your records.

Quantity	Item	Date Purchased	Purchase Cost	Replacement Cost
_____	Carpets/Rugs	_____	_____	_____
_____	Chairs	_____	_____	_____
_____	Clocks	_____	_____	_____
_____	Closed Contents	_____	_____	_____
_____	Cupboard Contents	_____	_____	_____
_____	Curtains/Drapes/Blinds	_____	_____	_____
_____	Lamps	_____	_____	_____
_____	Mirrors	_____	_____	_____
_____	Floor covering	_____	_____	_____
_____	Paintings, etc.	_____	_____	_____
_____	Tables	_____	_____	_____
_____	Shelves	_____	_____	_____
_____	Sundries	_____	_____	_____
_____	Vacuum cleaner	_____	_____	_____
	TOTAL			_____

FAMILY ROOM

You can print this form and store for your records.

Quantity	Item	Date Purchased	Purchase Cost	Replacement Cost
_____	Armchairs / Chairs	_____	_____	_____
_____	Books	_____	_____	_____
_____	Bookshelves	_____	_____	_____
_____	Carpets/Rugs	_____	_____	_____
_____	Clocks	_____	_____	_____
_____	Closed Contents	_____	_____	_____
_____	Compact Discs	_____	_____	_____
_____	Curtains/Drapes/Blinds	_____	_____	_____
_____	Desk	_____	_____	_____
_____	Lamps	_____	_____	_____
_____	Mantelpiece	_____	_____	_____
_____	Mirrors	_____	_____	_____
_____	Musical Instruments	_____	_____	_____
_____	Paintings, etc.	_____	_____	_____
_____	Radio	_____	_____	_____
_____	Shelves	_____	_____	_____
_____	Sofas	_____	_____	_____
_____	Stereo	_____	_____	_____
_____	Sundry Items	_____	_____	_____
_____	Tables	_____	_____	_____
_____	Television	_____	_____	_____
_____	Videotapes	_____	_____	_____
	TOTAL			_____

KITCHEN

You can print this form and store for your records.

Quantity	Item	Date Purchased	Purchase Cost	Replacement Cost
_____	Cabinet / Contents	_____	_____	_____
_____	Chairs	_____	_____	_____
_____	Cleaning Appliances	_____	_____	_____
_____	Clocks	_____	_____	_____
_____	Cupboards / Contents	_____	_____	_____
_____	Curtains/Drapes/Blinds	_____	_____	_____
_____	Dishes	_____	_____	_____
_____	Dishwasher	_____	_____	_____
_____	Floor covering	_____	_____	_____
_____	Food	_____	_____	_____
_____	Freezer	_____	_____	_____
_____	Fridge	_____	_____	_____
_____	Paintings, etc.	_____	_____	_____
_____	Pots/ Pans	_____	_____	_____
_____	Radio	_____	_____	_____
_____	Small Appliances	_____	_____	_____
_____	Tables	_____	_____	_____
	TOTAL			_____

GARAGE / BASEMENT

You can print this form and store for your records.

Quantity	Item	Date Purchased	Purchase Cost	Replacement Cost
_____	Auto Accessories	_____	_____	_____
_____	Camping Gear	_____	_____	_____
_____	Dehumidifier	_____	_____	_____
_____	Food	_____	_____	_____
_____	Gardening Tools	_____	_____	_____
_____	Heating Equipment	_____	_____	_____
_____	Lawn furniture	_____	_____	_____
_____	Lawnmower	_____	_____	_____
_____	Power Tools	_____	_____	_____
_____	Snow blower	_____	_____	_____
_____	Sports Equipment	_____	_____	_____
_____	Stored Property	_____	_____	_____
_____	Supplies	_____	_____	_____
_____	Tools	_____	_____	_____
_____	Trunk / Contents	_____	_____	_____
_____	Washer / Dryer	_____	_____	_____
_____	Work-bench	_____	_____	_____
_____	Other Equipment	_____	_____	_____
	TOTAL			_____

DINING ROOM

You can print this form and store for your records.

Quantity	Item	Date Purchased	Purchase Cost	Replacement Cost
_____	Carpets / Rugs	_____	_____	_____
_____	Chairs	_____	_____	_____
_____	Chinaware	_____	_____	_____
_____	Crystal	_____	_____	_____
_____	Curtains/Drapes/Blinds	_____	_____	_____
_____	Dresser Contents	_____	_____	_____
_____	Compact Discs	_____	_____	_____
_____	Knife sets	_____	_____	_____
_____	Lamps	_____	_____	_____
_____	Mirrors	_____	_____	_____
_____	Paintings, etc.	_____	_____	_____
_____	Shelves	_____	_____	_____
_____	Sideboard	_____	_____	_____
_____	Silverware	_____	_____	_____
_____	Tables	_____	_____	_____
_____	Table-linen	_____	_____	_____
	TOTAL			_____

BATHROOM

You can print this form and store for your records.

Quantity	Item	Date Purchased	Purchase Cost	Replacement Cost
_____	Appliances	_____	_____	_____
_____	Bathroom Scales	_____	_____	_____
_____	Cabinets / Contents	_____	_____	_____
_____	Carpets / Rugs	_____	_____	_____
_____	Chairs	_____	_____	_____
_____	Closed Contents	_____	_____	_____
_____	Curtains / Drapes / Blinds	_____	_____	_____
_____	Linens	_____	_____	_____
_____	Floor Covering	_____	_____	_____
_____	Mirrors	_____	_____	_____
_____	Paintings, etc.	_____	_____	_____
_____	Shelves	_____	_____	_____
_____	Sideboard	_____	_____	_____
_____	Sundries	_____	_____	_____
_____	Toilettes	_____	_____	_____
	TOTAL			_____

SUMMARY

This summary page has been provided for you so that you can quickly reference purchase cost and replacement cost for all the rooms. You can print this form and store for your records.

Room	Purchase Cost	Replacement Cost
Living Room	_____	_____
Entrance Hallways	_____	_____
Dinning Room	_____	_____
Family Room	_____	_____
Kitchen	_____	_____
Basement / Shed / Garage	_____	_____
Bathroom	_____	_____
Bathroom No.2	_____	_____
Master Bedroom	_____	_____
Bedroom No.2	_____	_____
Bedroom No.3	_____	_____
Miscellaneous	_____	_____
	TOTAL	_____