

### INSURANCE DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Expiry date of current policy \_\_\_\_\_

### OVERVIEW

<u>Total replacement cost of possessions by room</u>	<u>Estimated Value</u>
Entryway and Hallway	\$ _____
Living Room	\$ _____
Dining Room	\$ _____
Kitchen	\$ _____
Family Room or Rec Room	\$ _____
Master Bedroom	\$ _____
Master Bathroom	\$ _____
Other Bedroom A	\$ _____
Other Bedroom B	\$ _____
Bathroom A	\$ _____
Bathroom B	\$ _____
Office	\$ _____
Basement, Storage and Garage	\$ _____
Valuables	\$ _____
Other	\$ _____
<b>Inventory Grand Total</b>	<b>\$ _____</b>