

TEXAS WATCH

Standing up for Texas Families

HOMEOWNERS INSURANCE INVENTORY



*Texas Watch is a non-profit,
non-partisan advocacy organization
working to improve consumer and
insurance protections for Texas families.*

www.TexasWatch.org

YOUR HOME AND PERSONAL PROPERTY INVENTORY

When filing a claim, observe the following tips:

- **Take Documentation.** Make a comprehensive inventory of the household items lost in the storm, and keep receipts from emergency repairs and temporary housing costs.
- **Track Communications with Your Insurance Company.** Keep a log of all communications with your insurance carrier, including anytime they fail to return a call or miss a scheduled appointment.
- **Be Careful What You Sign.** Do not sign anything you do not fully understand. Make sure all documents are explained thoroughly so that you know what you are signing and how it will affect your claim.
- **Ask for Proof.** If your insurer tells you that you are not covered, require them to offer proof. The burden is on the carrier to point to the exclusion in your policy.
- **Complain if Necessary.** If you believe that you are being treated unfairly by your insurance carrier, file a complaint with the Texas Department of Insurance (TDI) by calling their toll-free Consumer Helpline: 1(800) 252-3439 or via their website at <https://wwwapps.tdi.state.tx.us/inter/perlroot/consumer/complform/complform.html>

When preparing your inventory, try to include as much information as possible. Also, pictures can be an important addition to your inventory. When possible, be sure to photograph your more valuable possessions.

- Description
- Brand/Model
- Serial Number
- Condition
- Purchase Price
- Replacement Cost
- Current Value
- When/Where Purchased

When you've completed your inventory, be sure to store a copy in a safe deposit box or some other secure location – don't keep it in your house. An up to date inventory is very important should you suffer a loss.

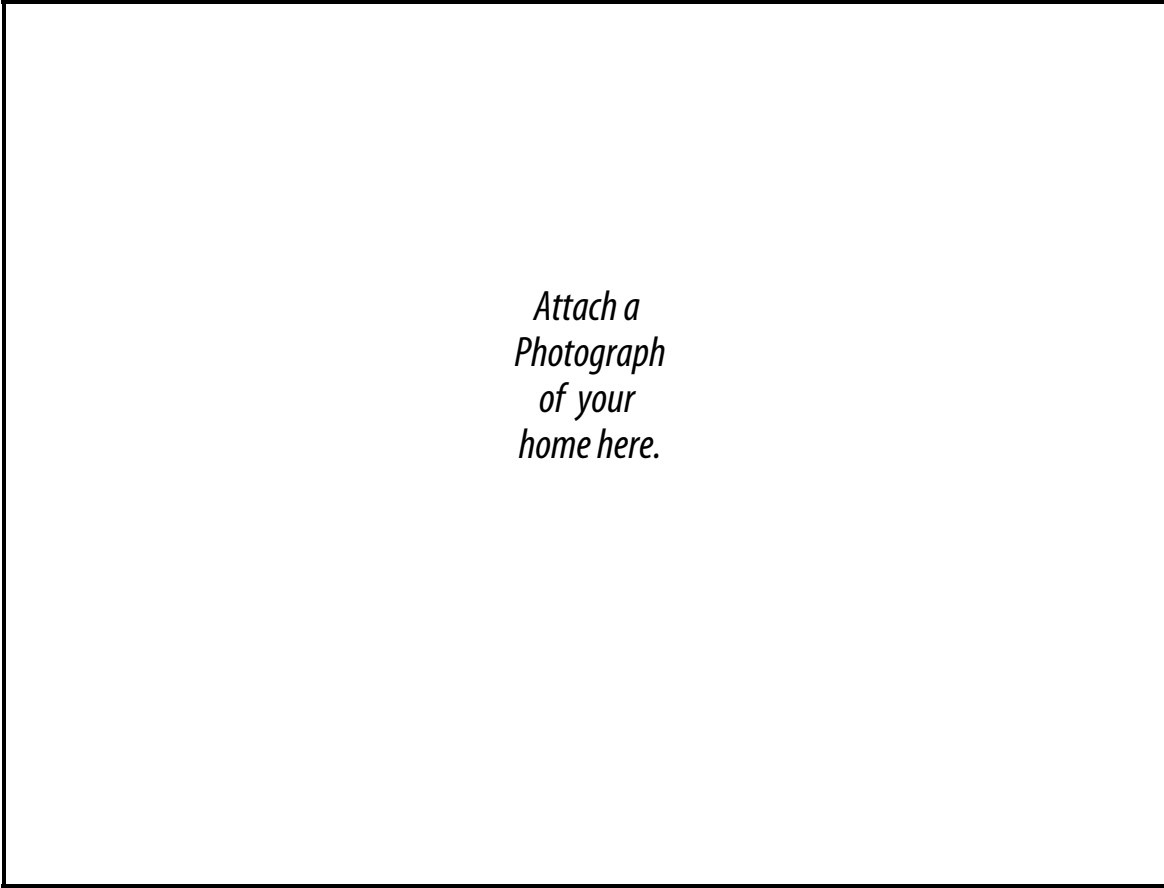
CONTACT INFORMATION

Insurance Company: _____

Toll-Free Claim Line: _____

Name of Adjuster: _____

Adjuster's Phone Number: _____



Name: _____

Address: _____

State: _____ Zip: _____

Lot: _____ Block: _____ Section: _____

Date of Original Inventory: _____

Revised: _____

Revised: _____

Revised: _____

HOME INFORMATION

Year Built: _____ Builder: _____
 Square Footage: House _____ Lot _____
 Purchase Date: _____ Price: _____
 Previous Owner(s): _____
 Mortgage Holder: _____
 Location of Plot Plan: _____
 Location of Deed of Trust: _____

Coverage: Homeowners _____ **Flood** _____

Appraisals:

Amount _____ Year _____
 Amount _____ Year _____
 Amount _____ Year _____
 Amount _____ Year _____

Exterior Elements (condition):

1. Brick Color _____ Brand _____
 Contractor _____ Date _____ Cost _____
 2. Roof Color _____ Brand _____
 Contractor _____ Date _____ Cost _____
 3. Siding Color _____ Brand _____
 Contractor _____ Date _____ Cost _____
 4. Gutters Color _____ Brand _____
 Contractor _____ Date _____ Cost _____
 5. Sides of House Color _____ Brand _____
 Contractor _____ Date _____ Cost _____
 6. Trim Color _____ Brand _____
 Contractor _____ Date _____ Cost _____
 7. Shutters Color _____ Brand _____
 Contractor _____ Date _____ Cost _____
 8. Doors Color _____ Brand _____
 Contractor _____ Date _____ Cost _____
 9. Other _____ Brand _____
 Contractor _____ Date _____ Cost _____

HOME INFORMATION

Capital Improvements:

- 1. Item _____ Date _____
- 2. Item _____ Date _____
- 3. Item _____ Date _____
- 4. Item _____ Date _____
- 5. Item _____ Date _____

Yard Plantings:

- 1. Variety _____ Date Planted _____
- 2. Variety _____ Date Planted _____
- 3. Variety _____ Date Planted _____
- 4. Variety _____ Date Planted _____
- 5. Variety _____ Date Planted _____
- 6. Variety _____ Date Planted _____
- 7. Variety _____ Date Planted _____
- 8. Variety _____ Date Planted _____
- 9. Variety _____ Date Planted _____
- 10. Variety _____ Date Planted _____

*Attach an aerial view/photograph
of your property here.
Show house, garage,
other buildings and plantings.*

LIVING ROOM

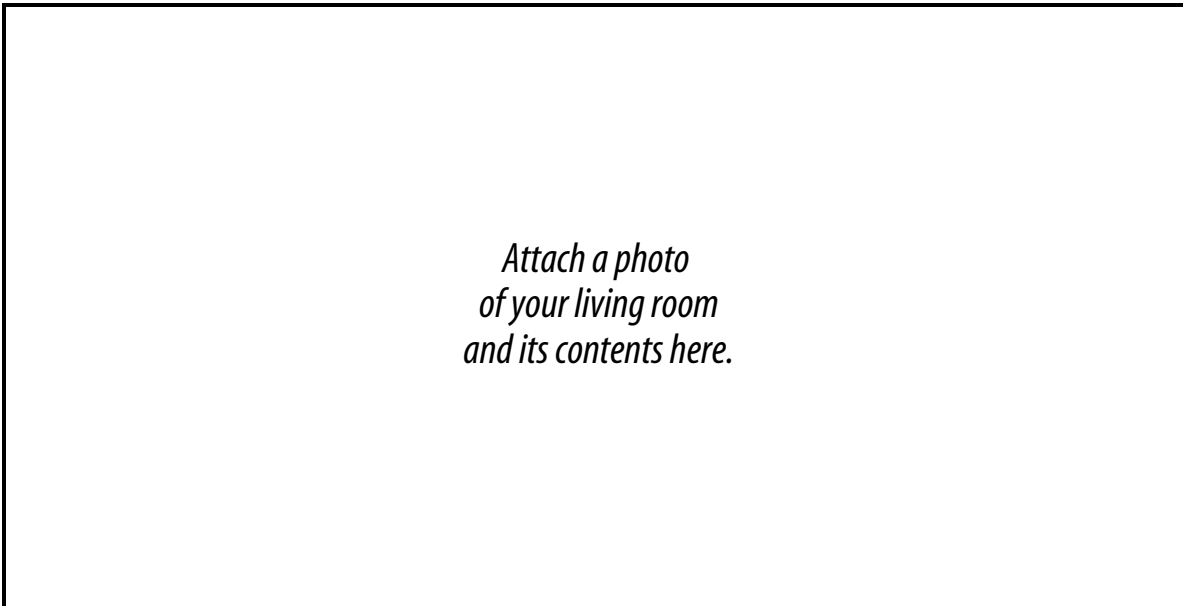
Dimensions: _____

Walls & Windows:

- 1. Wall Material _____
Brand/Pattern _____ Color _____
- 2. Trim & Doors _____
Stain/Paint _____
Brand/Color _____
- 3. Ceiling Material _____
Brand/Pattern _____ Color _____
- 4. Ceiling Lights _____
- 5. Window 1 _____
Window 2 _____
Window 3 _____
Window 4 _____
- 6. Miscellaneous _____

Flooring:

Material/Type _____
Brand/Pattern _____ Color _____



Living Room Contents:

Carpet/Rugs _____

Sofas _____

Chairs _____

Ottoman _____

Tables _____

Lamps _____

Ceiling Fans _____

Clocks _____

Telephone _____

Pictures _____

Mirrors _____

Art/Sculpture _____

Curtains/Window Coverings _____

Fireplace Fixtures _____

Piano/Organ _____

Entertainment Center _____

Television _____

Stereo Components _____

VCR/CD Player _____

DVD Player _____

Records/CDs _____

Audio/Video Tapes _____

Desk & Computer Components _____

Miscellaneous/Other _____

DINING ROOM

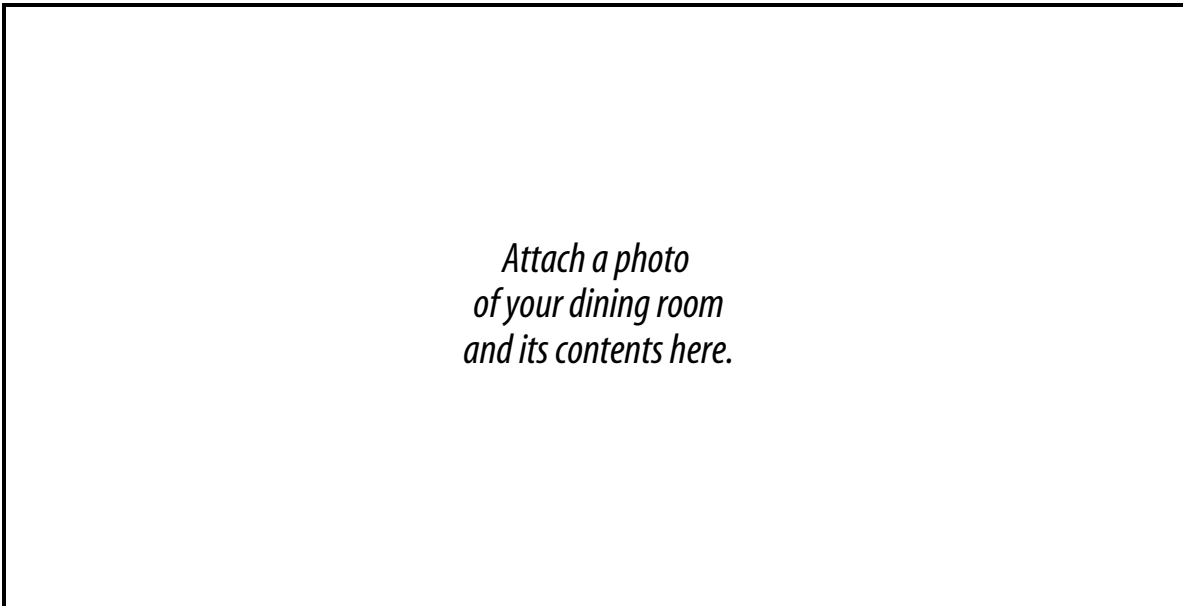
Dimensions: _____

Walls & Windows:

- 1. Wall Material _____
Brand/Pattern _____ Color _____
- 2. Trim & Doors _____
Stain/Paint _____
Brand/Color _____
- 3. Ceiling Material _____
Brand/Pattern _____ Color _____
- 4. Ceiling Lights _____
- 5. Window 1 _____
Window 2 _____
Window 3 _____
Window 4 _____
- 6. Miscellaneous _____

Flooring:

Material/Type _____
Brand/Pattern _____ Color _____



Dining Room Contents:

Carpets/Rugs _____

Table(s) _____

Chairs _____

Buffet _____

China Closet _____

Linen _____

China _____

Glassware _____

Silver _____

Mirrors _____

Pictures _____

Lighting Fixtures _____

Lamps _____

Ceiling Fan _____

Curtains & Window Coverings _____

Miscellaneous _____

KITCHEN & UTILITY ROOM

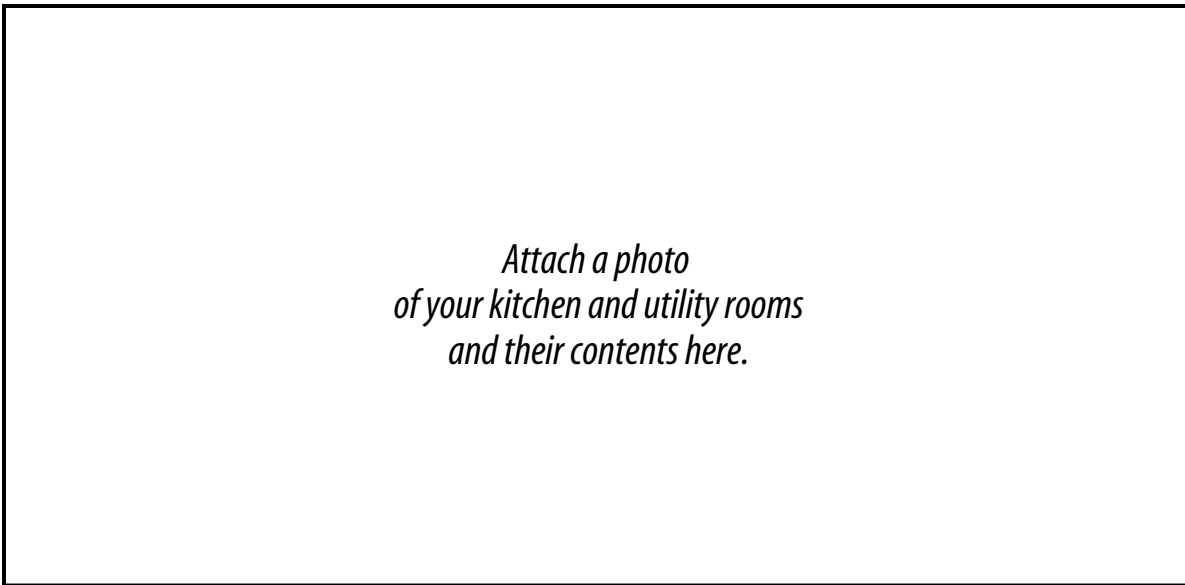
Dimensions: _____

Walls & Windows:

- 1. Wall Material _____
Brand/Pattern _____ Color _____
- 2. Trim & Doors _____
Stain/Paint _____
Brand/Color _____
- 3. Ceiling Material _____
Brand/Pattern _____ Color _____
- 4. Ceiling Lights _____
- 5. Window 1 _____
Window 2 _____
Window 3 _____
Window 4 _____
- 6. Miscellaneous _____

Flooring:

Material/Type _____
Brand/Pattern _____ Color _____



Kitchen Contents:

Table _____

Chairs _____

Stove/Oven _____

Microwave Oven _____

Refrigerator _____

Freezer _____

Dishwasher _____

Garbage Disposal/Trash Compactor _____

Small Appliances _____

Ceiling Lights/Fan _____

Clock _____ Telephone _____

Cookware _____

Cooking Utensils _____

Dishes _____

Flatware _____

Glassware _____

Personal Computer/Television/Radio _____

Miscellaneous _____

Utility Room Dimensions: _____

Contents:

Washing Machine _____

Clothes Dryer _____

Iron _____ Ironing Board _____

FAMILY ROOM/DEN

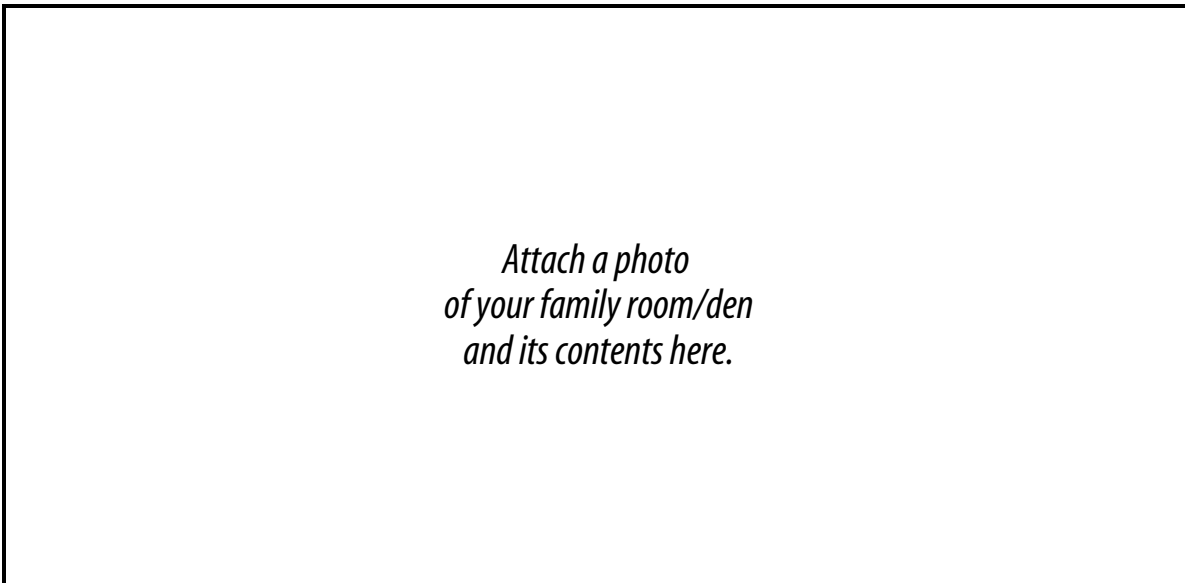
Dimensions: _____

Walls & Windows:

- 1. Wall Material _____
Brand/Pattern _____ Color _____
- 2. Trim & Doors _____
Stain/Paint _____
Brand/Color _____
- 3. Ceiling Material _____
Brand/Pattern _____ Color _____
- 4. Ceiling Lights _____
- 5. Window 1 _____
Window 2 _____
Window 3 _____
Window 4 _____
- 6. Miscellaneous _____

Flooring:

Material/Type _____
Brand/Pattern _____ Color _____



Family Room/Den Contents:

Carpet/Rugs _____

Sofas _____

Chairs _____

Ottoman _____

Tables _____

Lamps _____

Ceiling Fans _____

Clocks _____

Telephone _____

Pictures _____

Mirrors _____

Art/Sculpture _____

Curtains/Window Coverings _____

Fireplace Fixtures _____

Piano/Organ _____

Entertainment Center _____

Television _____

Stereo Components _____

VCR/CD Player _____

DVD Player _____

Records/CDs _____

Audio/Video Tapes _____

Desk & Computer Components _____

Miscellaneous/Other _____

MASTER BEDROOM

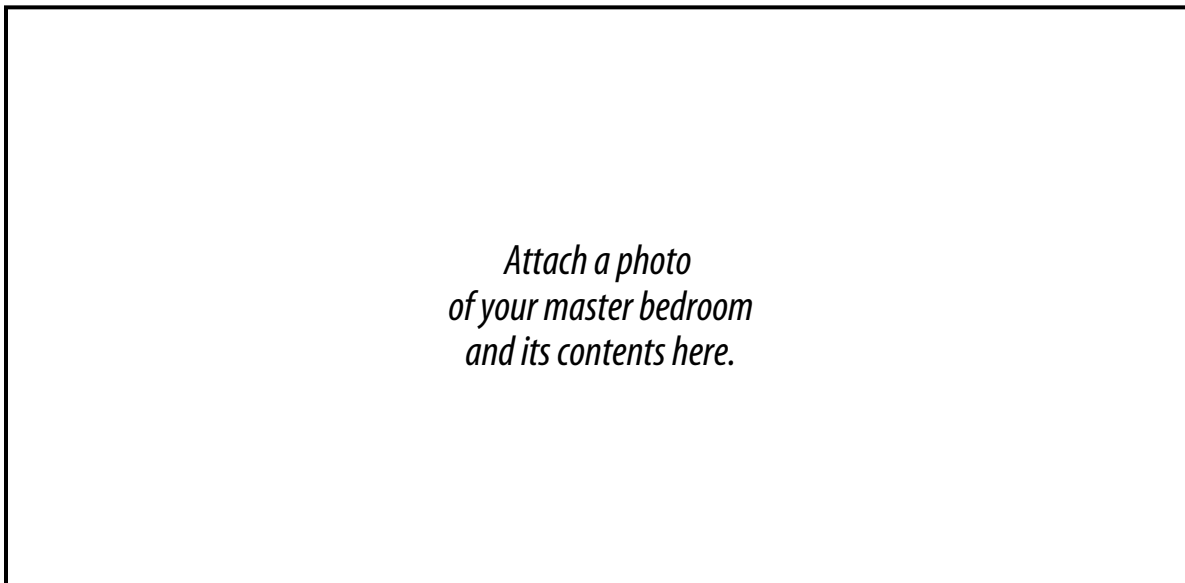
Dimensions: _____

Walls & Windows:

- 1. Wall Material _____
Brand/Pattern _____ Color _____
- 2. Trim & Doors _____
Stain/Paint _____
Brand/Color _____
- 3. Ceiling Material _____
Brand/Pattern _____ Color _____
- 4. Ceiling Lights _____
- 5. Window 1 _____
Window 2 _____
Window 3 _____
Window 4 _____
- 6. Miscellaneous _____

Flooring:

Material/Type _____
Brand/Pattern _____ Color _____



Master Bedroom Contents:

Carpets/Rugs _____

Bed/Headboard/Footboard _____

Mattresses _____

Box Springs _____

Bedding _____

Bureaus _____

Dressers _____

Mirrors _____

Desk _____

Computer Equipment _____

Chairs & Tables _____

Telephone _____

Lamps _____

Clock/Radio/Stereo _____

Pictures _____

Curtains _____

Ceiling Lights/Fan _____

Miscellaneous _____

BEDROOM NO. 2**Dimensions:** _____**Walls & Windows:**

1. Wall Material _____
Brand/Pattern _____ Color _____
2. Trim & Doors _____
Stain/Paint _____
Brand/Color _____
3. Ceiling Material _____
Brand/Pattern _____ Color _____
4. Ceiling Lights _____
5. Window 1 _____
Window 2 _____
Window 3 _____
Window 4 _____
6. Miscellaneous _____

Flooring:Material/Type _____
Brand/Pattern _____ Color _____

*Attach a photo
of your bedroom 2
and its contents here.*

Bedroom 2 Contents:

Carpets/Rugs _____

Bed/Headboard/Footboard _____

Mattresses _____

Box Springs _____

Bedding _____

Bureaus _____

Dressers _____

Mirrors _____

Desk _____

Computer Equipment _____

Chairs & Tables _____

Telephone _____

Lamps _____

Clock/Radio/Stereo _____

Pictures _____

Curtains _____

Ceiling Lights/Fan _____

Miscellaneous _____

BEDROOM NO. 3

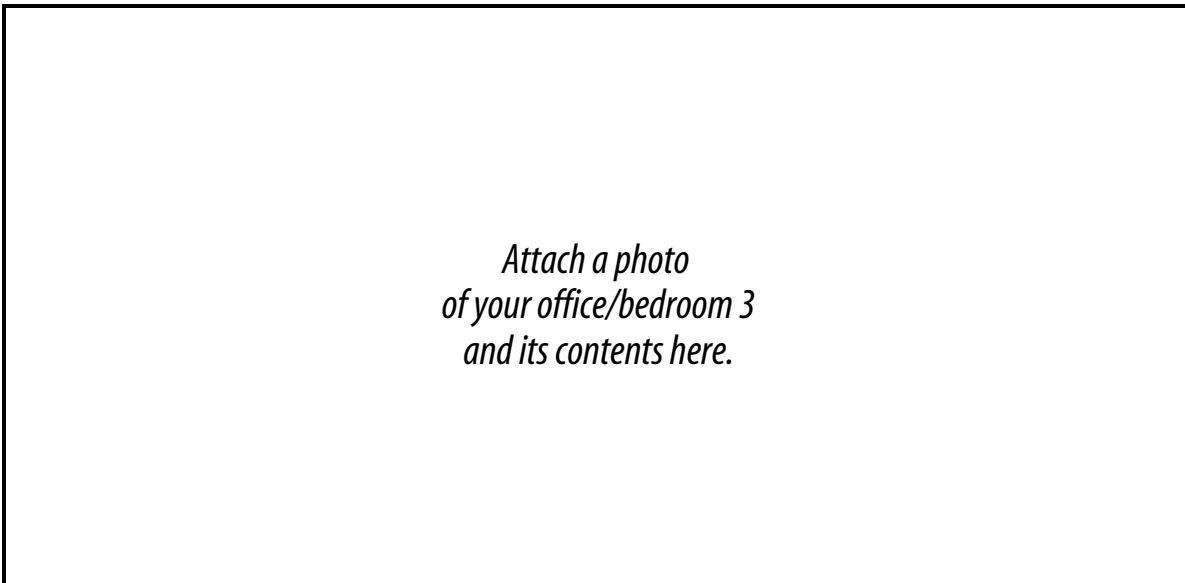
Dimensions: _____

Walls & Windows:

- 1. Wall Material _____
Brand/Pattern _____ Color _____
- 2. Trim & Doors _____
Stain/Paint _____
Brand/Color _____
- 3. Ceiling Material _____
Brand/Pattern _____ Color _____
- 4. Ceiling Lights _____
- 5. Window 1 _____
Window 2 _____
Window 3 _____
Window 4 _____
- 6. Miscellaneous _____

Flooring:

Material/Type _____
Brand/Pattern _____ Color _____



Bedroom 3 Contents:

Carpets/Rugs _____

Bed/Headboard/Footboard _____

Mattresses _____

Box Springs _____

Bedding _____

Bureaus _____

Dressers _____

Mirrors _____

Desk _____

Computer Equipment _____

Chairs & Tables _____

Telephone _____

Lamps _____

Clock/Radio/Stereo _____

Pictures _____

Curtains _____

Ceiling Lights/Fan _____

Miscellaneous _____

OFFICE/BEDROOM NO. 4

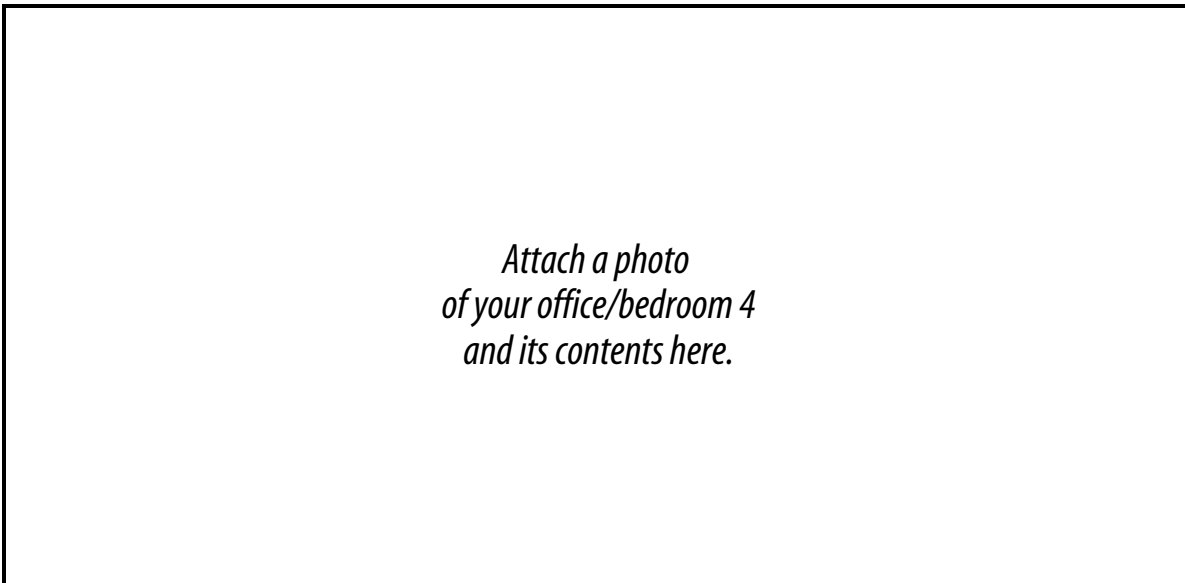
Dimensions: _____

Walls & Windows:

- 1. Wall Material _____
Brand/Pattern _____ Color _____
- 2. Trim & Doors _____
Stain/Paint _____
Brand/Color _____
- 3. Ceiling Material _____
Brand/Pattern _____ Color _____
- 4. Ceiling Lights _____
- 5. Window 1 _____
Window 2 _____
Window 3 _____
Window 4 _____
- 6. Miscellaneous _____

Flooring:

Material/Type _____
Brand/Pattern _____ Color _____



Office/Bedroom 4 Contents:

Carpets/Rugs_____

Bed/Headboard/Footboard_____

Mattresses_____

Box Springs_____

Bedding_____

Bureaus/Dressers_____

Mirrors_____

Desk & Accessories_____

Computer Equipment_____

Chairs & Tables_____

Telephone_____

Lamps_____

Clock/Radio/Stereo_____

Pictures_____

Curtains_____

Ceiling Lights/Fan_____

Miscellaneous_____

MASTER/BATHROOM NO. 1

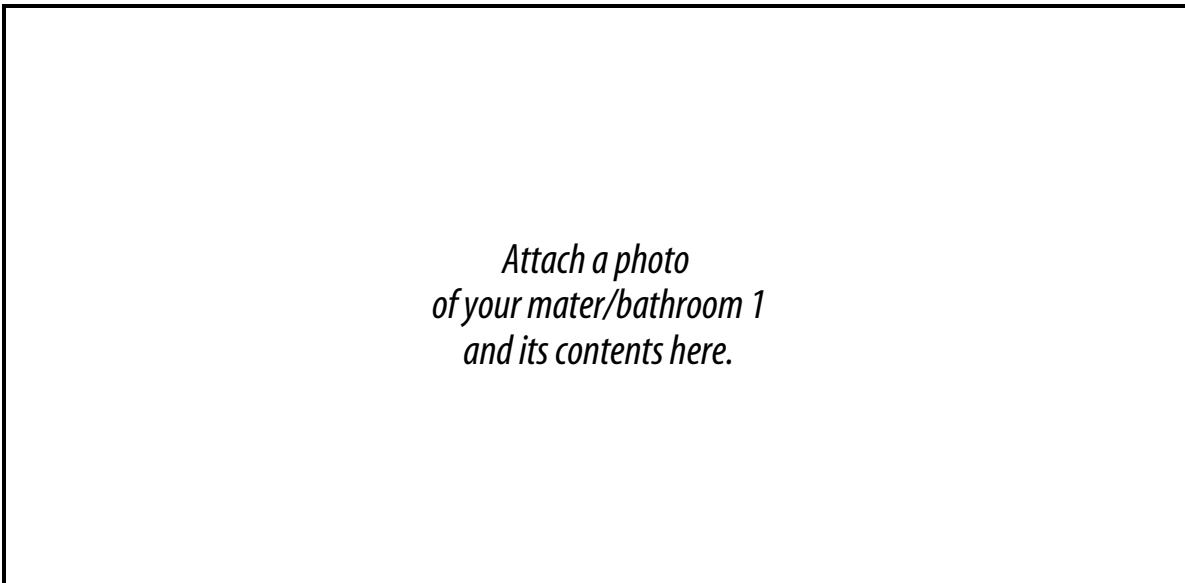
Dimensions: _____

Walls & Windows:

- 1. Wall Material _____
Brand/Pattern _____ Color _____
- 2. Trim & Doors _____
Stain/Paint _____
Brand/Color _____
- 3. Ceiling Material _____
Brand/Pattern _____ Color _____
- 4. Ceiling Lights _____
- 5. Window 1 _____
Window 2 _____
Window 3 _____
Window 4 _____
- 6. Miscellaneous _____

Flooring:

Material/Type _____
Brand/Pattern _____ Color _____



Master/Bathroom 1 Contents:

Medicine Cabinet _____

Medications _____

Scale _____

Linens _____

Mirrors _____

Rugs _____

Hair Dryer _____

Electric Razor _____

Hair Iron/Rollers _____

Clothes Hamper _____

Durable Medical Equipment _____

Chair _____

Table _____

Miscellaneous _____

BATHROOM NO. 2

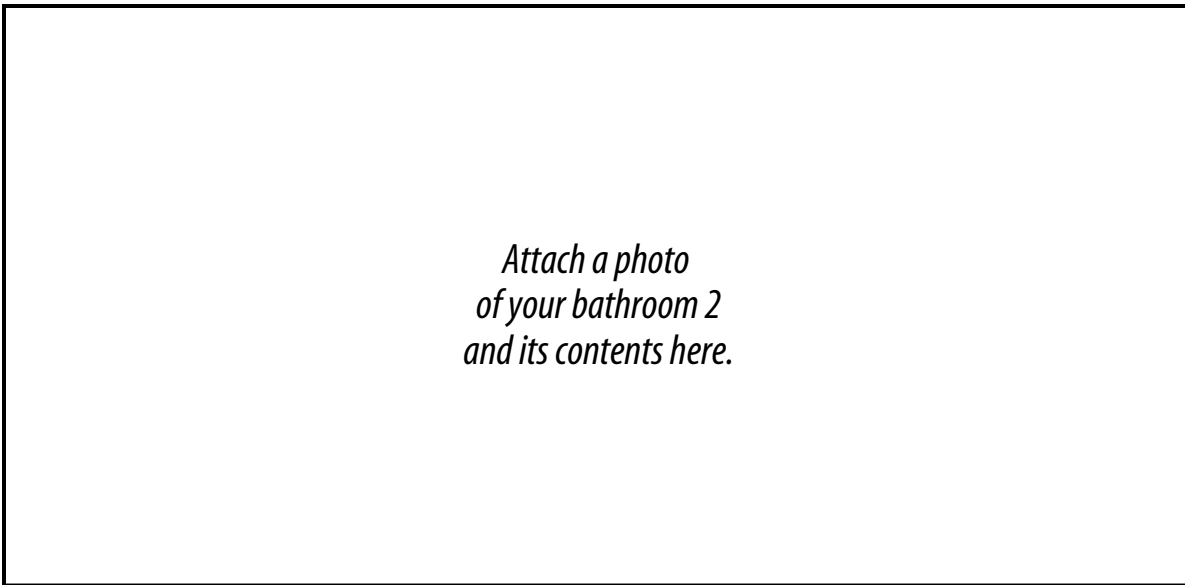
Dimensions: _____

Walls & Windows:

- 1. Wall Material _____
Brand/Pattern _____ Color _____
- 2. Trim & Doors _____
Stain/Paint _____
Brand/Color _____
- 3. Ceiling Material _____
Brand/Pattern _____ Color _____
- 4. Ceiling Lights _____
- 5. Window 1 _____
Window 2 _____
Window 3 _____
Window 4 _____
- 6. Miscellaneous _____

Flooring:

Material/Type _____
Brand/Pattern _____ Color _____



Bathroom 2 Contents:

Medicine Cabinet _____

Medications _____

Scale _____

Linens _____

Mirrors _____

Rugs _____

Hair Dryer _____

Electric Razor _____

Hair Iron/Rollers _____

Clothes Hamper _____

Durable Medical Equipment _____

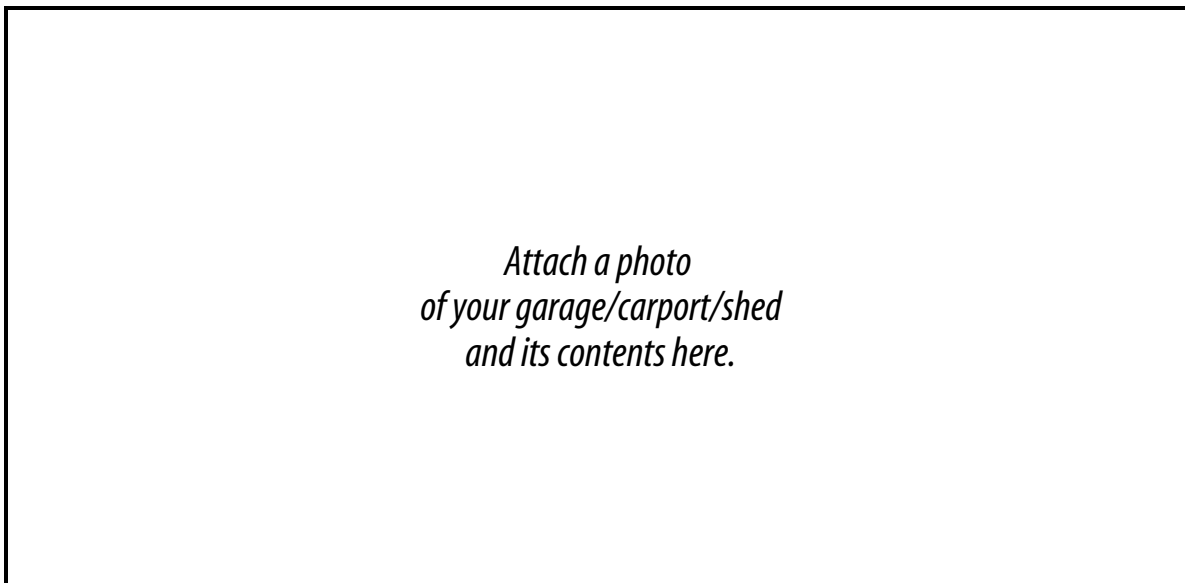
Chair _____

Table _____

Miscellaneous _____

GARAGE/CARPORT/SHED**Dimensions:** _____**Walls & Windows:**

1. Wall Material _____
Brand/Pattern _____ Color _____
2. Trim & Doors _____
Stain/Paint _____
Brand/Color _____
3. Ceiling Material _____
Brand/Pattern _____ Color _____
4. Ceiling Lights _____
5. Window 1 _____
Window 2 _____
Window 3 _____
Window 4 _____
6. Miscellaneous _____

Flooring:
 Material/Type _____
 Brand/Pattern _____ Color _____


Garage/Carport/Shed Contents:

Automotive Tools _____

Carpenter's Tools _____

Tool Boxes & Storage Containers _____

Lawn Mower _____

Lawn Equipment _____

Garden Tools _____

Grill _____

Outdoor Furniture _____

Snow Blower _____

Miscellaneous _____

BASEMENT/ATTIC

Dimensions: _____

Walls & Windows:

- 1. Wall Material _____
Brand/Pattern _____ Color _____
- 2. Trim & Doors _____
Stain/Paint _____
Brand/Color _____
- 3. Ceiling Material _____
Brand/Pattern _____ Color _____
- 4. Ceiling Lights _____
- 5. Window 1 _____
Window 2 _____
Window 3 _____
Window 4 _____
- 6. Miscellaneous _____

Flooring:

Material/Type _____
Brand/Pattern _____ Color _____

Basement & Attic Contents:

Luggage _____

Antiques _____

Electronics _____

Miscellaneous _____

HOBBY/SPORTS EQUIPMENT

Contents:

Coin Collections _____

Stamp Collections _____

Other Collections _____

Power Tools _____

Hand Tools _____

Games _____

Camera Equipment _____

Bicycles & Equipment _____

Ski Equipment _____

Ice Skates _____

Roller Skates/Blades _____

Camping Equipment _____

Guns _____

Fishing Equipment _____

Tennis Equipment _____

Golf Clubs _____

Bowling Equipment _____

Exercise Equipment _____

Miscellaneous _____

PERSONAL ITEMS

Men/Boys:

Overcoats _____

Raincoats _____

Suits _____

Sport Jackets _____

Slacks _____

Shirts _____

Sweaters _____

Sportswear _____

Ties _____

Belts _____

Underwear _____

Socks _____

Pajamas _____

Bathrobes _____

Slippers _____

Shoes _____

Hats _____

Gloves _____

Toys _____

Miscellaneous _____

SUMMARY

(Use this section to make any additional notes when discussing your claim with your insurance agent.)

Living Room _____

Dining Room _____

Kitchen & Utility Room _____

Family Room/Den _____

Master Bedroom _____

Bedroom No. 2 _____

Bedroom No. 3 _____

Office/Bedroom No. 4 _____

Bathroom No. 1 _____

Bathroom No. 2 _____

Garage/Carport/Shed _____

Hobby/Sports Equipment _____

Silver Jewelry & Collectibles _____

Personal Items

Men/Boys _____

Women/Girls _____