

HOMEOWNERS INSURANCE REPLACEMENT COST COMPUTATION

NAME: _____ PROPERTY ADDRESS: _____

Residency Type: Owner-occupied, Tenant-occupied or Vacant (circle one)

Have you been non-renewed or cancelled in the past 5 years: yes no

Any losses in the last 5 years? _____ Date of losses _____

Any pets? _____ If yes, how many and what breed? _____

Biting history? _____

Do you own a trampoline? _____ Do you have a home based business: _____ Type of business? _____

Any business conducted on premises? _____

Do you have business equipment at home you need to cover? yes no Amount _____

Are you self employed? _____ What type of business? _____

Applicant's Occupation: _____ Spouse's occupation: _____

Do you have any residence employees? _____ How many hours per week? _____

Do you have jewelry you wish to schedule? _____ Value? _____

Do you own a computer? _____ Value: _____

Do you own silver, firearms, cameras? _____ Total value of each: _____

CONSTRUCTION DETAILS:

Year built _____ How many stories _____ Square footage _____ (exclude garage)

Foundation Type: Slab / Crawl Space (circle one)

ADDITIONAL FEATURES:

Swimming pool: YES NO Diving Board / Slide YES NO Jacuzzi YES NO Fenced In: YES NO

Specific Roof Type: _____ Heater Type: _____

Bathrooms (Total #) _____ Full: _____ Half: _____

Laundry Room: UPSTAIRS DOWNSTAIRS Location of water heater: _____

Flooring % _____ Carpet, _____ Hardwood, _____ Laminate, _____ Tile, _____ Other (specify type)

Fireplaces # _____ Hearth # _____ Chimney # _____

Central Air Conditioning: Uses Heating Ducts: YES NO

Uses Separate Ducts: YES NO

Garage / Carport (Attached) 1 Car YES NO 2 Car YES NO 3 Car YES NO

(Detached) 1 Car YES NO 2 Car YES NO 3 Car YES NO

Alarm Systems: Fire YES NO Burglar YES NO

IS IT A CENTRAL STATION ALARM: YES NO Interior Sprinkler System: YES NO

SPECIALTY ITEMS: PLEASE CIRCLE TYPE AND INDICATE # OR SQUARE FOOTAGE

Bay / picture / atrium windows/ sliding glass doors: # _____ Patio / Deck / Porch : _____ Sq. Ft. Skylights # _____

French Doors (count each door) # _____ Wet Bar YES NO

Jacuzzi / Whirlpool Tub (indoors) YES NO

UPDATES: INDICATE FULL (F) OR PARTIAL (P) AND YEAR COMPLETED (INCLUDE ANY UPDATES TO FIXTURES, SUCH AS FAUCETS, SWITCHPLATES AND OUTLET COVERS)

Roof _____ Plumbing _____ Electrical/wiring _____ Heat _____ Water Heater _____

REMARKS (any additional features): _____
