

★ PLEASE COMPLETE THIS ENTIRE FORM FOR AN ACCURATE REPLACEMENT COST ★

Policy No. _____ Date _____ Stories: 1 2 3 Bi-Level Tri-Level
 Name _____ Basement: YES NO Finished: YES NO
 Address _____ If Finished: SQ. FT. AREA _____
 _____ Attic: YES NO Finished: YES NO
 Property Location _____ **★ SQ. FT. FIRST FLOOR LIVING AREA ★** _____
 _____ Wall [%] Wood Siding [%] Stucco
★ YEAR BUILT ★ _____ Construction [%] Brick Veneer [%] Aluminum Siding
 (Must = 100%) [%] Stone Veneer [%] Plastic Siding

SHADED AREAS TO BE COMPLETED BY AGENT

BASE COST _____

1. Total Number of Bathrooms	Full _____	Half _____	_____
2. Swimming Pool	Above Ground <input type="checkbox"/>	In-Ground <input type="checkbox"/>	_____
3. Fireplaces	Yes <input type="checkbox"/> No <input type="checkbox"/> Total _____	Stories _____	_____
4. Porches	Opened <input type="checkbox"/> Enclosed <input type="checkbox"/>		_____
	Sq. Ft. Area _____		_____
5. Decks	Sq. Ft. Area _____		_____
6. Stoops	Wood <input type="checkbox"/> Foundation <input type="checkbox"/>		_____
	Sq. Ft. Area _____		_____
7. Central Air Conditioning	Stories _____		_____
	Heating Ducts <input type="checkbox"/> Separate Ducts <input type="checkbox"/>		_____
8. Garages			_____
	Attached Number of Cars _____		_____
	Detached Number of Cars _____		_____
	Basement Number of Cars _____		_____
	Carport Number of Cars _____		_____
9. Built-In (complete reverse side)			_____

TOTAL ADDITIONAL FEATURES _____

ADJUSTED BASE COST ("Base Cost" plus "Additional Features") _____

REPLACEMENT COST

Construction Quality:

Luxury Custom Standard Economy

Location Zip Code _____ **QUALITY LOCATION FACTOR** _____

(Multiply "Adjust Base Cost" times "Quality Location Factor")

REPLACEMENT COST

Signature _____ Date _____

★ PLEASE COMPLETE REVERSE SIDE ALSO ★

BUILT-INS

Quality: A = Excellent B = Good C = Average D = Economy

	Quality	Quantity
Counter Cook Top	_____	_____
Oven	_____	_____
Microwave	_____	_____
Dishwasher	_____	_____
Garbage Disposal	_____	_____
Trash Compactor	_____	_____
Wet Bar	_____	_____
Bathroom Heater	_____	_____
Hot Tub (Spa)	_____	_____
Sauna	_____	_____
Central Vacuum System	_____	_____
Garage Door Opener	_____	_____
Power Attic Ventilator	_____	_____
Skylight	_____	_____
Intercom	_____	_____
Security/Fire Alarm (Central Station Only)	_____	_____

Additional Questions:

1. Are all household members non-smokers? YES NO
2. Does your home have smoke detectors? YES NO
3. Would you consider increasing your deductible to reduce the yearly premium? YES NO
4. Do you have a business or business property at your home?
Type _____ Amount _____ YES NO
5. Do you have any pets? Type _____
6. Do you have any other residences that are occupied or rented?
Location _____ YES NO
7. Has the wiring, heating or plumbing been updated? Date _____
8. Is a coal/wood stove or solar heating used? YES NO

NOTES AND CALCULATIONS _____

