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? ☐ YES ☐ NO
   Type _____ Amount _____
5. Do you have any pets? Type _____
6. Do you have any other residences that are occupied or rented? ☐ YES ☐ NO
   Location _____
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 _____