



**Built Ins**

Extra Kitchen: Yes \_\_\_\_\_  
Wet Bar: Yes \_\_\_\_\_  
Skylights: # \_\_\_\_\_ Yes \_\_\_\_\_  
Hot Tub: Yes \_\_\_\_\_  
Jacuzzi / Jetted Tub: Yes \_\_\_\_\_  
Sauna: Yes \_\_\_\_\_  
Central Vacuum System: Yes \_\_\_\_\_  
% of Home that has Central Vacuum: \_\_\_\_\_ %

Interior Sprinkler System: Yes \_\_\_\_\_  
Central Stereo System: Yes \_\_\_\_\_ %  
Intercom System: Yes \_\_\_\_\_  
Central Burglar Alarm System: Yes \_\_\_\_\_  
Central Fire Alarm System: Yes \_\_\_\_\_  
Is the System: \_\_\_\_\_ Monitored \_\_\_\_\_ Local  
If monitored, by which Company: \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_  
(1) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(2) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(3) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(4) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Are there any suites in the House: \_\_\_\_\_ Yes \_\_\_\_\_ No # of Suites: \_\_\_\_\_

**Please specify any additional features that you feel may add to the re-building cost of your home**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**IF THE HOUSE WAS BUILT PRIOR TO 1983, please complete the following updating information**

Year plumbing was last updated: \_\_\_\_\_  
Is the plumbing: \_\_\_\_\_ Copper \_\_\_\_\_ Plastic \_\_\_\_\_ Galvanized \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Year wiring was last updated: \_\_\_\_\_  
Is the panel: \_\_\_\_\_ Fuses \_\_\_\_\_ Circuit Breakers  
What is the Amp Service: \_\_\_\_\_  
Is there any: \_\_\_\_\_ Aluminum Wiring \_\_\_\_\_ Knob & Tub Wiring

Year heating was last updated: \_\_\_\_\_  
If the heating is oil, do you have an annual maintenance contract in force: \_\_\_\_\_ Yes \_\_\_\_\_ No  
What is the age of: \_\_\_\_\_ Furnace \_\_\_\_\_ Oil Tank  
Is the Oil Tank: \_\_\_\_\_ Inside \_\_\_\_\_ Outside \_\_\_\_\_ Above Ground \_\_\_\_\_ Below Ground

**Details of any Commercial or Business operations on premises**

\_\_\_\_\_  
\_\_\_\_\_

**Details of any losses (Claims) in the past fifteen (15) years**

Date of Loss: \_\_\_\_\_ Amount of Claim: \_\_\_\_\_ Type: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Details of previous Insurance**

For how many years have you carried continuous Residential Insurance? \_\_\_\_\_  
Previous Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Has any insurer cancelled, declined, refused to renew or issue any Habitat ional Insurance in the past five (5) years: \_\_\_\_\_  
If you have moved in the past six (6) years, please indicate your prior (current) address:  
\_\_\_\_\_

Will there be any mortgage on this property? \_\_\_\_\_ Yes \_\_\_\_\_ No Mortgagee Address: \_\_\_\_\_

Date Insurance to be Effective: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Completed By: \_\_\_\_\_