



HENDRY SWINTON MCKENZIE

INSURANCE SERVICES INC.

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Name:

Address:

Information Request

Year house built _____

Type of heating _____

Is your home within 1000 ft (300 m) of a fire hydrant? _____

Y/N

Construction material of Exterior Walls (i.e. stucco, wood, brick, etc) _____

Number of stories (excluding basement) _____

Does the home have a basement / crawl space (please indicate which if applicable) _____

Square footage of main floor _____

Square footage of upper floor (if applicable) _____

Ceiling Height (if mixed provide % of each) 8 ft _____

9ft _____

Cathedral _____

Number of bathrooms _____

* Full bath (3 fixtures) _____

Half bath (2 fixtures) _____

* Extra plumbing fixtures _____

* A three-piece bathroom would consist of, for example, toilet, sink and tub. If the tub has a shower faucet, this would make the bathroom three pieces plus one additional plumbing fixture.

Finished Attic _____

Y / N

Square ft _____

Is Bsmt finished (specify Sq footage) _____

Walk out basement Y / N _____

Porches / Sun decks / Patio (indicate which) _____

square ft _____

If Porch or Patio, is it enclosed or covered? _____

Y / N

Number of chimneys _____

Number of _____

Wood Fireplaces (#) _____

Woodstoves (#) _____

Gas Fireplace _____

Fireplace Insert _____

Y / N

Garage/ Carport (indicate which) _____

Is garage attached/detached/bsmt/built in/other? _____

Number of vehicles _____

Roofing material (i.e. asphalt shingle, wood shake, fiberglass, etc) _____

Sun room _____

Square ft _____

Central Air conditioning Y / N _____

Using heating ducts? Y / N _____

Swimming Pool Y / N _____

In ground or above ground _____

if in ground - vinyl liner or concrete _____

Construction Material of Interior Walls (i.e. Drywall or Plaster) _____

Flooring Material and if applicable percentages (i.e. Hardwood, carpet, parquet, tile, etc) _____

If carpeting, advise if acrylic, nylon, wool or Berber

Also, if carpeting advise if over hardwood

Check any built in features applicable :

Central Vacuum system _____

Intercom System _____

Interior Sprinkler System _____

Jetted Tub _____

Sauna _____

Security Alarm ** _____

Skylights (indicate #) _____

Wet Bar _____

** Is alarm system fire, burglary or both.

Is the system monitored? If so, by which company? _____

Specify any additional features that you feel may add to the re-building cost of your home (use a separate page if necessary)

If the house was built prior to 1980 please complete the following updating information:

Year plumbing last updated

Is plumbing copper/plastic/other?

Year wiring last updated

Is the panel circuit breakers or fuses ?
What is the amp services?

Year heating last updated

If the heating is oil, do you have an annual maintenance contract in force?

Age of Furnace

Age of Oil Tank

Year roof was last updated

Number of Adults in household

Birthdates of all Residents: (D/M/Y)

Occupations of all Residents:

Number of families in household (i.e. Any suites?)

Details of any commercial /business operations on premises

Previous

**Insurance Company
Policy Number**

Details of any losses in the past nine (9) years

If you have moved in the past six (6) years, please indicate your prior (current) address.

Date completed_____

Completed By_____