

Insured / Applicant Name: _____
 Address: _____ Town: _____, Zip Code: _____
 Policy # _____ Completed By: _____ Date: _____

Dwelling Information

What year was your home built? _____ Type? (Please circle) 1-Family / 2-Family / 3-Family

What style is your home? (Please circle) 1 Story / 1.5 Story / 2 Story / 2.5 Story / Bi-Level / Split Level
 Other: _____

What is the total square footage of the finished living area of your home? _____ Square Feet

Does your home have a basement? Yes / No If "yes", percent finished: _____ %
 If "yes", type: Below Ground or Walk-Out

Which materials listed below best describe the materials found in your home? Please indicate the materials as percentages of total (e.g. 5%, 10%, 15%, etc.). If your home contains material not found on the list, please select a similar material and use the reverse side of this form for additional explanation, if necessary. Your selection should total 100% in each category.

Exterior Walls

Roofing

Clapboard: _____
 Wood Siding: _____
 Aluminum Siding: _____
 Vinyl Siding: _____
 Wood Shakes: _____
 Brick Veneer: _____
 Stone Veneer: _____

Stucco: _____
 Solid Brick: _____
 Solid Stone: _____
 Masonry: _____

Asphalt: _____
 Metal: _____
 Slate: _____
 Clay Tile: _____
 Wood Shakes: _____
 Tar & Gravel: _____
 Rubber: _____

Does your home have a deck? Yes / No If "yes" what is the square footage? _____ square feet

Does your home have a porch? Yes / No If "yes" what is the square footage? _____ square feet
 If "yes" is the porch... (please circle) Enclosed / Screened / Open

Does your home have a breezeway? Yes / No If "yes" what is the square footage? _____ square feet
 If "yes" is the breezeway... (please circle) Enclosed / Screened / Open

Does your home have a garage? Yes / No If "yes", number of vehicles garaged? 1 Car / 2 Cars / 3 Cars
 Is the garage attached or detached from the dwelling? Attached / Detached / Built-In

Does your home have a greenhouse? Yes / No
 shed? Yes / No If "yes", is the shed (please circle): Small / Medium / Large
 pool? Yes / No If "yes", is the pool (please circle): Inground / Above Ground
 hot tub? Yes / No

Please indicate how many of these items you have in your home?
 Skylights: # _____ Picture Window: # _____ Atrium/French Door: # _____
 Bay Windows: # _____ Glass Sliding Door: # _____ Stained Glass Windows: # _____
 Bow Windows: # _____ Atrium Window: # _____

Please complete the following (as in page 1), each section should equal 100%

Interior Walls

Plaster: _____
 Dry Wall: _____
 Studs Only: _____

Wall Finishes

Paint: _____
 Wallpaper: _____
 Paneling: _____
 Ceramic Tile: _____
 Brick: _____
 Stone: _____
 Marble: _____
 Knotty Pine: _____

Ceilings

Drywall: _____
 Plaster: _____
 Acoustic Tile: _____
 Wood: _____
 Other: _____

Floor Finishes

Hardwood: _____
 Wall to Wall Carpet: _____
 Wall to Wall over Hardwood: _____
 Wool/Berber Carpet: _____
 Ceramic Tile: _____
 Marble Tile: _____
 Slate: _____
 Brick: _____

Please indicate if your kitchen has any of the following features (please check off)

_____ Corian, Granite, or authentic marble countertop _____ Jenn-Aire Stove _____ Sub-Zero Refrigerator
 _____ Center Island w/ Cabinets or sink _____ Walk-In Freezer _____ Motorized Pantry _____ Indoor BBQ

Total number of each type of bathroom in your home: Full (tub/shower, sink, toilet) # _____ Half (sink, toilet) # _____
 Out of the number of bathrooms you have, please indicate the number that have the following:

	<u>Full Bath</u>	<u>Half Bath</u>
Jacuzzi	_____	_____
Bidet	_____	_____
Custom Color Toilet or Sink	_____	_____
Glass Shower Enclosure in Addition to Bathtub	_____	_____
Corian, Granite, or Marble (not synthetic) Countertop	_____	_____

How many fireplaces are in your home? None ___ / Single (#___) / Double (#___) / Triple (#___)

What is your home's primary source of heat? Oil / Gas / Electric / None
 If you heat with oil, where is the storage tank located? Underground / Inside / Outside Above Ground
 Do you have a secondary source of heat? Yes / No If "yes" what type? _____
 Does your home have central air conditioning? Yes / No
 If "yes", do the heat and air conditioning share the same ducts? Yes / No

Please indicate the percentage of your home that has any of the following (if any):

_____ % Interior Sprinkler Systems
 _____ % Central Burglar Alarm Systems
 _____ % Central Vacuum Systems
 _____ % Intercom System
 _____ % Central Fire Alarm System

Diagram section

In the space below, please provide a basic, top view diagram of your home (with dimensions, if known)