

Home Replacement Cost Evaluation Form

Insured Name: _____ Insured Name: _____
Is this how the deed reads? Yes No If not, who is the deeded owner? _____
Occ/Employer: _____ Occ/Employer: _____
SSN: _____ SSN: _____
DOB: _____ DOB: _____
E-Mail: _____ E-Mail: _____
Address of Property: _____ Current Mailing Address: _____

Contact Phone Number: (Home) _____ (Cell) _____ (Work) _____ (Fax) _____

If this is a new purchase

Lawyer's Name _____ Phone: _____ Fax: _____
Mortgagee: _____ Escrowed Yes No Do Not Know
Date of Closing: _____ Purchase Price \$ _____ How Much Land _____

Dwelling Information

Distance from Fire Department: _____ Distance from Fire Hydrant: _____

What year was your home built? _____ Type? 1 Family 2 Family 3 Family

If 2 or more family – Please list tenant names _____

What Style is your home? 1 Story 1.5 Story 2 Story 2.5 Story
 Other: _____

What is the total square footage of the finished living area of your home? _____
 Cathedral Ceilings (% of home _____%)

Does your home have a basement? No Yes If yes, percentage of finished: _____%

If your home does NOT have a full basement, what percentage is: Slab _____% Crawl Space _____% Stilts _____%

Siding Material: _____ Roof Material: _____

Is this a LOG CABIN? No Yes

Interior Walls: Drywall _____% Plaster _____% Solid Wood _____%

Wall Finishes: Paint _____% Wallpaper _____% Paneling _____%
Ceramic Tile _____% Brick _____% Knotty Pine _____% Stone _____%

Ceiling Finish: Drywall _____% Plaster _____% Acoustic Tile _____% Wood _____%

Floor Covering: Hardwood _____% Laminate _____% Ceramic Tile _____% Vinyl _____%
W to W Carpet over Hardwood _____% W to W Carpet _____% Wool/Berber _____%
Slate _____% Marble Tile _____% Other _____% type _____

Which of the following additional features are in your home?

- Skylights # _____ (Lg) Hot Tub _____ Sq. Ft. Atrium/French Door _____
- Skylights # _____ (Sm) Picture Windows # _____ Glass Sliding Door # _____
- Bay Windows # _____ Bow Windows # _____ Atrium Window # _____

Kitchen:

Please indicate quality grade:

- Standard Custom Designer

Bathrooms:

____ Full (3 or more fixtures)

____ Half (Sink, toilet)

Please indicate quality grade:

- Standard Custom Designer

Does your home have a:

Deck (Sq. Ft: _____)

Is Deck:

- Wood Composite Redwood

Breezeway (Sq. Ft: _____)

Is Breezeway:

- Enclosed Screened Open

Porch (Sq. Ft: _____)

Is Porch:

- Enclosed Screened Open

Does your home have a:

Garage: No Yes Attached Built-in (Drive Under) Carport Detached

Size: One Car Two Car Three Car Four Car

What is your primary source of heat? Oil Gas Electric Wood Burning Furnace

If you heat with oil, where is the storage tank located: Basement (On Cement) Garage

Outside – Above Ground Outside – Underground Other _____

Does your home have central air conditioning? No Yes – shared ducts with heating system No Yes

Do you have a secondary source of heat? Woodstove Pellet Stove Gas Fireplace

Does your home have a central vacuum system? No Yes

Is the house alarmed? Central Station Reporting Burglar Central Station Reporting Fire

Local/Audible Burglar Local/Audible Fire

* * If Central reporting alarm (such as ADT) a certificate is needed * *

How many fireplaces with masonry chimneys? Single # _____ Double # _____ Triple # _____

Do you have any other structures on the property? No Yes Approx. size _____ Value \$ _____

If dwelling is older than 25 years, please provide the date of any updated work/renovations:

Does your home have Circuit Breakers or Fuses No. of amps _____

Wiring: _____(Year) Plumbing: _____(Year) Heating: _____(Year) Roof: _____(Year)

Indicate what kind of work: _____

Does any resident of the house smoke? _____

Is any business conducted from the residence? _____ In the house or other structure? _____

If so, what type? _____

Do you own a boat or recreational vehicles? (Boat, ATV, Snowmobile) Yes No

Description: _____

Do you own any jewelry, fine arts, musical instruments, etc. that you currently "schedule" (insured for loss or damage)? _____

Is there a trampoline on the premises? _____

Do you have a pool? Yes No Above Ground In Ground Fenced? Yes No

Do you have any pets? Yes No If yes, # and breeds of dogs _____

Cats _____ Horses _____ Exotic pets such as snakes, lizards, ferrets _____

Do any of the animals have a bite history? _____

Has your previous coverage ever been cancelled, non-renewed or denied? Yes No

If yes, please explain _____

Have you had any claims in the past 3 years? Explain _____

Is the property offered for sale? Yes No

What Company is your Auto Insurance with? _____

Are you interested in a quote for coverage on any of the following?

Special Coverage on your Contents? (All risk coverage)

Identity Fraud Expense Earthquake Water Back-Up/Sump Pump Overflow

Personal Umbrella Flood Financial Services Life Insurance

Oil Spill Coverage – Coverage Now Available!

Effective July 1, 2010 (compliance date extended to September 30, 2011), a new law is effective in Massachusetts addressing oil leaks from home heating systems (per Chapter 453 of the Acts of 2008).

The law has two major provisions requiring:

1. the installation of either an oil safety valve or an oil supply line with protective sleeve on systems that do not currently have those devices; and
1. insurance companies write homeowner policies to offer coverage for leaks from heating systems that use oil.

If an insured is in compliance with the new law, coverage will be made available via endorsement(s) to the homeowner insurance policy. Evidence may be required by the insurer to determine that the homeowner is in compliance with the law.

Insurance losses that occur due to leaks of home heating oil are never small losses! Without the inclusion of this endorsement on your home policy, there is a strong likelihood that losses caused by the escape of heating oil will not be covered.

Therefore, we strongly recommend that you include this coverage on your home insurance policy.

Signature: _____ Date: _____