

# Home Replacement Cost Evaluation Form

Insured Name: \_\_\_\_\_ Address: \_\_\_\_\_

## Dwelling Information

1. What year was your home built? \_\_\_\_\_ Type?  1 – Family  2 – Family  3 – Family

2. What style is your home?  1 Story  1.5 Story  2 Story  2.5 Story  
 Bi-Level  Split Level  Other: \_\_\_\_\_

Any additional wings on your home? \_\_\_\_\_ How many? \_\_\_\_\_

3. What is the total square footage of the finished living area of your home? \_\_\_\_\_ Square Feet

4. Does your home have a:  Deck (Sq. Ft.: \_\_\_\_\_)  Cathedral Ceilings (% of home: \_\_\_\_\_%)  
 Breezeway (Sq. Ft.: \_\_\_\_\_) Is Breezeway:  Enclosed  Screened  Open  
 Porch (Sq. Ft.: \_\_\_\_\_) Is Porch:  Enclosed  Screened  Open

5. Which of the following additional features are in your home?

Skylights: # \_\_\_\_\_  Picture Window: # \_\_\_\_\_  Atrium/French Door: # \_\_\_\_\_  Central Alarm: % \_\_\_\_\_  
 Bay Windows: # \_\_\_\_\_  Glass Sliding Door: # \_\_\_\_\_  Woodstove: # \_\_\_\_\_  Hot Tub: Sq Ft \_\_\_\_\_  
 Bow Windows: # \_\_\_\_\_  Atrium Window: # \_\_\_\_\_  Greenhouse: Sq Ft \_\_\_\_\_  Wet Bar: # \_\_\_\_\_

6. Do you have a garage?  No  Yes  Attached  Built-in  Carport  Detached  
How many vehicles can be parked in the garage?  One Car  Two Cars  Three Cars  Four Cars

7. Does your home have a basement?  No  Yes If YES, percentage finished: \_\_\_\_\_%  
Is it a Walk Out Basement?: Yes or No

8. If your home does not have a full basement, what percentage is: Slab: \_\_\_\_\_% Crawl Space: \_\_\_\_\_% Stilts: \_\_\_\_\_%

9. 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 that is in the list and use the reverse side of this form for additional explanation, if necessary. Your selection should total 100% in each category.

### EXTERIOR WALLS

Clapboard: \_\_\_\_\_  
Wood Siding: \_\_\_\_\_  
Aluminum Siding: \_\_\_\_\_  
Vinyl Siding: \_\_\_\_\_  
Wood Shakes: \_\_\_\_\_  
Brick Veneer: \_\_\_\_\_  
Stone Veneer: \_\_\_\_\_  
Stucco: \_\_\_\_\_  
Block: \_\_\_\_\_  
Solid Brick: \_\_\_\_\_  
Solid Stone: \_\_\_\_\_  
Masonry: \_\_\_\_\_  
Log: \_\_\_\_\_  
T-111: \_\_\_\_\_

### INTERIOR WALLS

Plaster: \_\_\_\_\_  
Dry Wall: \_\_\_\_\_  
Studs Only: \_\_\_\_\_  
**WALL FINISHES**  
Paint: \_\_\_\_\_  
Faux Finish: \_\_\_\_\_  
Wallpaper: \_\_\_\_\_  
Paneling: \_\_\_\_\_  
Ceramic Tile: \_\_\_\_\_  
Brick: \_\_\_\_\_  
Stone: \_\_\_\_\_  
Marble: \_\_\_\_\_  
Knotty Pine: \_\_\_\_\_

### ROOF COVER

Asphalt: \_\_\_\_\_  
Metal: \_\_\_\_\_  
Slate: \_\_\_\_\_  
Clay Tile: \_\_\_\_\_  
Wood Shakes: \_\_\_\_\_  
Tar & Gravel: \_\_\_\_\_  
Rubber: \_\_\_\_\_  
**CEILING**  
Drywall: \_\_\_\_\_  
Plaster: \_\_\_\_\_  
Acoustic Tile: \_\_\_\_\_  
Wood: \_\_\_\_\_  
Other: \_\_\_\_\_

### FLOOR FINISHES

Hardwood: \_\_\_\_\_  
W to W Carpet: \_\_\_\_\_  
W to W over Hardwood: \_\_\_\_\_  
Wool/Berber Carpet: \_\_\_\_\_  
Parquet: \_\_\_\_\_  
Ceramic Tile: \_\_\_\_\_  
Marble Tile: \_\_\_\_\_  
Slate: \_\_\_\_\_  
Brick: \_\_\_\_\_

(OVER PLEASE)

10. How many kitchens are in your home? \_\_\_\_\_

Please indicate if any of your kitchens have the following features:

- 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

11. Please indicate the number of bathrooms that are:

\_\_\_\_\_ Full (3 or more fixtures w/tub)    \_\_\_\_\_ Half (Sink, toilet, stand up shower)    \_\_\_\_\_ Half (Sink/toilet only)

Please indicate quality grade:     Standard     Custom     Designer

12. What is your homes primary source of heat?     Oil     Gas     Electric     Other: \_\_\_\_\_

If you heat with oil, where is the storage tank located:     Basement     Outside - Above Ground     Garage  
 Outside – Underground     Other: \_\_\_\_\_

Do you have a secondary source of heat?     No     Yes (please describe): \_\_\_\_\_

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

14. Does your home have a central vacuum system?     No     Yes

15. How many fireplaces with masonry chimneys?     None     Single (#\_\_\_\_)     Double (#\_\_\_\_)     Triple (#\_\_\_\_)  
**(DOUBLE is two fireboxes and one chimney, TRIPLE is three fireboxes and one chimney)**

16. Does your home have any Specialty Rooms...Like Media Room, Exercise Room...etc? : \_\_\_\_\_

---