

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

Clapboard: \_\_\_\_\_ Stucco: \_\_\_\_\_  
Wood Siding: \_\_\_\_\_ Solid Brick: \_\_\_\_\_  
Aluminum Siding: \_\_\_\_\_ Solid Stone: \_\_\_\_\_  
Vinyl Siding: \_\_\_\_\_ Masonry: \_\_\_\_\_  
Wood Shakes: \_\_\_\_\_  
Brick Veneer: \_\_\_\_\_  
Stone Veneer: \_\_\_\_\_

#### Roofing

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)