

Name _____ Phone # _____ Policy # _____

Property Address _____

Year Built _____

of Families _____

Dwelling Type (Check one)

- Contemporary
- Cape
- Colonial
- Log Cabin
- Ranch
- Raised Ranch
- Split Level
- Other _____

of Stories (Check one)

- 1
- 1½
- 2
- 3
- _____

Living Area

Total Square Feet _____

(not including finished basement, if unsure please contact your City/Town Clerk)

Basement Type (Check one)

- Crawl Space
- Full
- Slab
- Walkout
- Other _____
- Finished _____%
- Unfinished _____%

Exterior (Check all that apply)

Walls

- Vinyl
- Wood
- Clapboard
- Brick
- Brick Veneer
- Other _____

Roofing (Check all that apply)

- Asphalt Shingle
- Metal
- Slate
- Wood Shakes
- Rubber
- Other _____

Garages

- Built-in Garage
- Attached Garage
- Detached Garage
- Square Footage _____
- # Stories _____
- # Cars _____
- Finished Room above? Yes No

Decks # _____ Sq Ft _____

Carports # _____ Sq Ft _____

Sheds # _____ Sq Ft _____

Barns # _____ Sq Ft _____

Barn, usage? _____

Porches # _____ Sq Ft _____

- Open
- Enclosed
- Screened

Swimming Pool: Yes No

- In-ground Above-ground
- Fenced in? Yes No

- Jacuzzi Hot Tub

Interior Walls

- Sheetrock _____%
- Wood _____%
- Plaster _____%
- Tongue & Groove _____%
- Other _____%
- (specify) _____

Walls Finishes

- Paint _____%
- Paper _____%
- Paneling _____%
- Ceramic Tile _____%
- Other _____%
- (specify) _____

Ceiling Finishes

- Drywall _____%
- Wood _____%
- Plaster _____%
- Acoustic Tile _____%
- Other _____%
- (specify) _____

Floor Finishes

- Hardwood _____%
- Wall to Wall Carpet _____%
- Wall to Wall Carpet over hardwood _____%
- Wool Carpet _____%
- Vinyl _____%
- Ceramic Tile _____%
- Marble Tile _____%
- Slate _____%
- Parquet _____%
- Other _____%
- (specify) _____

Quality: (Check any that apply)

- | | |
|-----------------------------------|-----------------------------------|
| Kitchen | Bath |
| <input type="checkbox"/> Basic | <input type="checkbox"/> Basic |
| <input type="checkbox"/> Custom | <input type="checkbox"/> Custom |
| <input type="checkbox"/> Designer | <input type="checkbox"/> Designer |

Number of Bathrooms:

Full _____ ½ _____ ¾ _____

Heating & Ventilating

(Check any that apply)

- Electric Hot Air
- Gas Hot Water
- Kerosene
- Oil
- Propane
- Woodstove
- Central A/C
- Gas Fireplace Qty _____
- Wood Fireplace Qty _____
- Hearth Qty _____
- Other _____
- (specify) _____

Alarm Systems (Check all that apply)

- Interior Sprinkler System
- Central Station
- Burglar
- Central Fire Alarm
- Low Temp

Nonsmokers? Yes No

Renovations (specify date)

- Heating System _____
- Plumbing _____
- Roof _____
- Electrical _____
- Other _____

Special Features

- Central Vacuum
- Skylights
- Atrium Doors
- Sliding Glass Doors
- Solar Panels
- other (specify) _____

Costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates that are not to be considered a detailed quantity survey.