

Insured / Applicant Name: _____
Address: _____ Town: _____ Zip Code: _____

New Home Policy Worksheet

What year was your home built? _____ Type? (Please circle) 1-Fam / 2-Fam / 3-Fam Frame or Brick? _____

What style is your home? 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 (not including basement)? _____ sq ft

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

Is home a slab? Yes / No

Which materials listed below best describe the materials found in your home? Please indicate the materials as percentages. If your home contains material not found on the list, please select a similar material. Your selection should total 100% in each category.

<u>Exterior Walls</u>	<u>Roofing</u>	<u>Interior Walls</u>	<u>Wall Finishes</u>	<u>Ceilings</u>	<u>Floor Finishes</u>
Clapboard: _____	Asphalt: _____	Plaster: _____	Paint: _____	Drywall: _____	Hardwood: _____
Wood Siding: _____	Metal: _____	Dry Wall: _____	Wallpaper: _____	Plaster: _____	Wall to Wall Carpet: _____
Aluminum Siding: _____	Slate: _____	Studs Only: _____	Paneling: _____	Acoustic Tile: _____	Wall to Wall over Hardwood: _____
Vinyl Siding: _____	Rubber: _____	Other: _____	Ceramic Tile: _____	Wood: _____	Ceramic Tile: _____
Masonry: _____	Wood Shakes: _____		Brick: _____	Other: _____	Vinyl Tile: _____
Other: _____	Solar Panels: _____		Other: _____		Other: _____
	Other: _____				

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 pool or hot tub? Yes / No If "yes", please indicate. _____
If you have a pool, what type? (please circle): Inground / Above Ground Is yard fenced? Yes / No
Slide? Yes / No Diving board? Yes / No More than 3 ft above the water? Yes / No
Dimensions of board? _____X_____

Please indicate how many of these items you have in your home?

Skylights: # _____ (sm. or lg.) Picture Window: # _____ French Door: # _____ Bay Windows: # _____
Glass Sliding Door: # _____ Stained Glass Windows: # _____ Bow Windows: # _____ Atrium Window: # _____

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) # _____

Please indicate if your bathroom (s) have any of the following features (please check off)

_____ Jacuzzi _____ Glass Shower Enclosure (in Addition to Bathtub)
_____ Custom Color Toilet or Sink _____ 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 tank located? Underground / Inside Basement / Outside Above Ground

Does the tank have a protective sleeve? Yes/No If "yes" do you want to include tank leakage coverage? Yes / No

Does your home have a wood stove? Yes / No If "yes" is it free standing? Yes / No How many? _____

Does your home have central air conditioning? Yes / No If "yes", do heat and AC share 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 System _____ % Central Vacuum System
_____ % Intercom System _____ % Central Fire Alarm System

Please complete the below section by filling in the year these were last updated.

Updates: Heat (Yr. Updated)_____ Roof (Yr. Updated)_____ Plumbing (Yr. Updated)_____ Wiring (Yr. Updated)_____

Does your home have circuit breakers or fuses? _____ If circuit breakers what is the amperage? _____
Does your home have any knob & tube wiring? Yes / No

Have you had any claims in the past 3 years? Yes / No If "yes" please detail. _____

Have you ever been canceled, denied coverage or non-renewed? Yes / No If "yes" please explain. _____

What company covered your current or prior homeowners policy? _____

Is there a trampoline? Yes / No If "yes" does it have a safety net? Yes / No

Do you have any pets? Yes / No If "yes" please indicate (if dog, what kind of dog)? _____

Any biting history with any pets? Yes / No

Is the home under construction? Yes / No If "yes" will you be living in the home during construction? Yes / No

Does anyone in the house smoke? Yes / No

Any business being conducted in your home? Yes / No If "yes" please describe. _____

Are there smoke detectors? Yes / No Deadbolts on doors? Yes / No Fire Extinguishers? Yes / No

Would you like us to include Water Backup Coverage for Sewers or Drains? The cost varies depending on the company.

This endorsement will provide coverage for losses resulting from water which backs up through sewers or drains or which overflows from a sump pump. Yes / No

Would you like us to include Earthquake coverage? The cost varies depending on the company. This endorsement will provide coverage to damage caused by an earthquake or earth movement. Without this endorsement there is no coverage for this kind of loss. Yes / No

Would you like to schedule jewelry, fine arts, silver, furs, cameras, golf equipment or stamps? Yes / No

If "yes" please note with type and amount. _____ Appraisal or receipt will be needed

Do you need a Flood Insurance policy? There is no coverage provided by the standard policy for any type of flooding, surface water, tidal water or overflow whether driven by wind or not. A separate Flood policy must be purchased through the National Flood Program (or affiliates such as Travelers Flood). Yes / No

Are you interested in a Personal Umbrella quote? This would provide you with excess liability coverage over and above the limit on the Auto and Homeowners policies for lawsuits brought against the insured. This needs to be approved by the company. Yes / No

Is there a mortgage? Yes / No If "yes" please provide name, address and loan #

Mortgage _____ Is premium Escrowed? _____

Once quotes are finalized on a new policy or if we are rewriting a policy, an Insurance Score is required. This gives a summary of past claims history, insurance payment history and will give a score (excellent, good, fair). This score determines if you are eligible for coverage with that company. Please complete below to authorize us to run your score.

Insured name _____ SS# _____ - _____ - _____ Date of birth ____/____/____

Signature _____