

## 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. Your selections should total 100% in each category.

### Exterior Walls

Wood Siding: \_\_\_\_\_  
Alum/Vinyl Siding: \_\_\_\_\_  
Masonry: \_\_\_\_\_  
Other: \_\_\_\_\_

### Roofing

Asphalt: \_\_\_\_\_  
Slate \_\_\_\_\_  
Rubber: \_\_\_\_\_  
Solar Panels \_\_\_\_\_  
Other: \_\_\_\_\_

### Wall Finishes

Paint: \_\_\_\_\_  
Wallpaper: \_\_\_\_\_  
Paneling: \_\_\_\_\_  
Other: \_\_\_\_\_

### Floor Finishes

Hardwood: \_\_\_\_\_  
Wall to Wall Carpet: \_\_\_\_\_  
Wall to Wall over Hardwood: \_\_\_\_\_  
Ceramic Tile: \_\_\_\_\_  
Vinyl Tile: \_\_\_\_\_  
Other: \_\_\_\_\_

Does your home have a **deck/porch/breezeway**? Yes / No If "yes" what is the square footage? \_\_\_\_\_  
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 **special windows and doors** you have in your home? \_\_\_\_\_

Please indicate the style of your **kitchen**: Designer \_\_\_\_\_ Custom \_\_\_\_\_ Semi-custom \_\_\_\_\_ Basic \_\_\_\_\_

Total number of **bathrooms** in your home: Full \_\_\_\_\_ Half \_\_\_\_\_ Please indicate the style of the bathrooms:

Designer \_\_\_\_\_ Custom \_\_\_\_\_ Semi-custom \_\_\_\_\_ Basic \_\_\_\_\_

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 if your home that has any of the **safety/alarm systems**:

Interior Sprinkler Systems \_\_\_\_\_ Central Burglar Alarm System \_\_\_\_\_ Central Fire Alarm System \_\_\_\_\_

Please indicate the year these **systems were last updated:**

Heat (Yr. Updated)\_\_\_\_\_ Roof (Yr. Updated)\_\_\_\_\_ Plumbing (Yr. Updated)\_\_\_\_\_ Wiring (Yr. Updated)\_\_\_\_\_

Does your home have **circuit breakers or fuses**? \_\_\_\_\_ If circuit breakers. How many amps? \_\_\_\_\_

Does your home have any **knob & tube wiring**? Yes / No

Are there **smoke detectors**? Yes / No **Deadbolts** on doors? Yes / No **Fire Extinguishers**? 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 is the house **smoke**? Yes / No

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

Are you part of a **Homeowners Association**? Yes / No Do you rent any part of the home (**AirBnB etc.**)? Yes / No

Would you like us to include **Water Backup Coverage for Sewers or Drains**? This endorsement provides 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? Yes / No

Would you like to schedule **Jewelry, Fine Arts, Silver, Furs, Cameras, Golf Equipment or Stamps**? Yes / No

If "yes" please note what 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. Yes / No

Are you interested in a **Personal Umbrella** quote? This needs to be approved by the company. Yes / No

Notes \_\_\_\_\_

Insured / Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Form Completed by \_\_\_\_\_ Date \_\_\_\_\_