

Residential Valuation Questionnaire



Producer: _____	Policy# _____	
Insured: _____	Location: _____	Dwg #: _____
City: _____	State: _____	Zip Code: _____

Building Style / Number of Stories / Number of Families / Year Built (Mandatory)

<input type="checkbox"/> Ranch/Rambler (1 Story) <input type="checkbox"/> Cape Code (1 1/2 Stories) <input type="checkbox"/> Colonial (2 or 3 Stories) <input type="checkbox"/> Split Level/Tri-level <input type="checkbox"/> Victorian/Queen Anne <input type="checkbox"/> Town/Row House	<input type="checkbox"/> 1 Story <input type="checkbox"/> 1.5 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> 2.5 Story <input type="checkbox"/> 3 Story	<input type="checkbox"/> 1 Family Dwg <input type="checkbox"/> 2 Family Dwg <input type="checkbox"/> 3 Family Dwg <input type="checkbox"/> 4 Family Dwg	Year Built - _____ If over 40 years, provide year of complete update: Wiring _____ Plumbing _____ Heating _____ Roofing _____
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Building Size / Foundation/Shape (Mandatory)

% of Ground Floor w/ Basement Below % of Basement that is Finished % of Ground Floor w/ Crawl Space Below % of Ground Floor w/ Piers/ Pilings or Stilts * Total Living Area (excl. Basements/ Att. Gar.)	Main	Wing	* Total Living Area = Length X Width X # of Stories Do Not include the dimensions of any attached garage, basement or attic.	If dwelling is built with a "Hillside" foundation, pillars posts or stilts, check one of the following: <input type="checkbox"/> Flat _____ 15 Deg. (minimal grade) <input type="checkbox"/> 30 Deg.(moderate) _____ 45 Deg.(steep grade)
				Dwelling Shape: <input type="checkbox"/> Square _____ Rectangular <input type="checkbox"/> Slightly Irregular _____ Very Irregular

Kitchens / Baths (Mandatory)

Kitchen: (Enter # of Each) <input type="checkbox"/> Economy <input type="checkbox"/> Standard <input type="checkbox"/> Custom <input type="checkbox"/> Luxury	Full Baths: (Enter # of Each) (Three Fixtures) <input type="checkbox"/> Economy <input type="checkbox"/> Standard <input type="checkbox"/> Custom <input type="checkbox"/> Luxury	Half Baths: (Enter # of Each) (Two Fixtures) <input type="checkbox"/> Economy <input type="checkbox"/> Standard <input type="checkbox"/> Custom <input type="checkbox"/> Luxury	Heating / Air Conditioning (Mandatory) Source of Heat: (Approx. %) <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric Air Conditioning using the Same vents as Heat: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning w/ Independent Ducts: <input type="checkbox"/> Yes <input type="checkbox"/> No Evaporative Cooler (Approx. % of Living Area) _____ Fireplaces w/ Masonry Chimneys (# in Each Category): <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Electric Woodstoves (# of Each): _____
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Attached Structures (Mandatory)

Attached Garages: (# of Each) <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car	Carpools: (# of Each) <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car	Built-In Garages: (# of Each) <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car	Wood Decks: (# & Sq. Ft.) _____ _____ _____	Porches: (# & Sq. Ft.) Enclosed _____ Screened _____ Open _____	Breezeways: (# & Sq. Ft.) Enclosed _____ Screened _____ Open _____	Patio Cover: Sq. Ft. _____ Balcony: Sq. Ft. _____
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Materials - Interior and Exterior (Mandatory)

Exterior Walls: (% of Each) Wood Siding _____ Brick Veneer _____ Aluminum Siding _____ Stucco _____	Roof Cover: (% of Each) Asphalt Shingle _____ Wood Shake _____ Tile _____ Steel/Tin _____	Interior Walls: (% of Each) Drywall _____ Plaster _____ Block _____	Wall Finishes: (% of Each) Paint _____ Paper _____ Paneling _____ Mirror _____ Block/Brick _____	Floor Finishes: (% of Each) Carpet _____ Hardwood _____ Vinyl _____ Tile _____ Parquet _____
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Additional Features (Optional)

Bay Windows (number) _____	Jacuzzi (number) _____	Solar Panels (number) _____
Skylights (number) _____	Hot Tub (approx. Sq. Ft.) _____	Garage Door Openers (number) _____
Picture Windows (number) _____	Sauna (approx. Sq. Ft.) _____	Electronic Air Cleaner (number) _____
Burglar/Fire Alarm (approx. %) _____	Central Vacuum System (number) _____	Wet Bar (number) _____
Fire Sprinklers (approx. %) _____	Intercom System (number) _____	Spiral Staircase (number) _____

Additional Features or Remarks (Optional) – If there are features or options not shown above, describe in the following area