



Home or rental property replacement cost survey

Please provide us with as much information as possible to help us determine the proper replacement cost valuation for your property.

Keep in mind that home insurance typically does not cover the land your home sits on - so estimating the replacement value of your property will exclude the value of the land. Please complete and return this form to:

Fax: 508.653.7180
Email: info@ellisinsurance.com
Mail: Ellis Insurance, 5 Whittier St., 4th floor
Framingham, MA 01701

Contact information:

Insured 1

Insured 2

Name_____

Name_____

Mail address_____

Mail address_____

City_____

City_____

State_____ Zip_____

State_____ Zip_____

Date of birth_____

Date of birth_____

Social Security Number_____

Social Security Number_____

Home phone_____

Home phone_____

Daytime phone_____

Daytime phone_____

Email_____

Email_____

Preferred contact method Email Phone



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Property Information

Address _____

City _____ State _____ Zip _____

Primary residence Yes No

Occupancy Owner occupied Owner occupied & rental Rental only

Is property for sale or vacant? Yes No

Year built _____ Closing date and sale price \$ _____

Mortgage lender information _____

Number of families 1 family 2 family 3 family 4 family

Construction style Cape Contemporary Ranch Victorian
 Colonial Cottage Split level

Number of stories _____ Total living area _____ (excluding basement)

Percentage basement finished _____ Basement finish type Standard Custom

Foundation type Slab _____% Basement _____% Crawl space _____% Piers _____%

Please indicate the materials as percentages in increments of 5% (e.g. 5%, 10%, 15% etc.). Your "Exterior Walls" and "Roof" selections should each total 100%.

| Exterior walls | Roof | Exterior features |
|--------------------------------|---|----------------------------|
| Wood clapboards _____% | Architectural shingles _____% | Atrium windows _____# |
| Wood shakes _____% | Asphalt shingles _____% | Bay windows _____# |
| Vinyl siding _____% | Wood shakes _____% | Picture windows _____# |
| Aluminum siding _____% | Slate _____% | Small skylights _____# |
| EIFS on frame _____% | Steel _____% | Large skylights _____# |
| Brick on frame _____% | Clay tile _____% | Sliding glass doors _____# |
| Stone masonry _____% | Rubber _____% | Cathedral ceilings _____% |
| Log _____% | Built up tar/gravel _____% | |
| Other _____% | Concrete _____% | |
| | Other _____% | |
| Roof last updated (year) _____ | <input type="checkbox"/> Full <input type="checkbox"/> Partial _____% | |



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Kitchens

Standard _____ #
 Semi-custom _____ #
 Custom _____ #
 Designer _____ #

Bathrooms

Standard _____ #
 Semi-custom _____ #
 Custom _____ #
 Designer _____ #

Partition Walls

Brick & block _____ %
 Solid brick _____ %
 Drywall _____ %
 Plaster _____ %
 Studs only _____ %
 Glass block _____ %

Wall finish

Wallpaper _____ %
 Paint _____ %
 Millwork _____ %
 Paneling _____ %
 Ceramic tile _____ %

Ceiling finish

Drywall _____ %
 Plaster _____ %
 Ceiling tile _____ %
 Tin _____ %
 Wood _____ %

Floor finish

Carpet _____ %
 Hardwood _____ %
 Laminate _____ %
 Parquet _____ %
 Vinyl _____ %
 Tile _____ %

Fireplace & wood stoves

Single fireplace _____ #
 Double fireplace _____ #
 Triple fireplace _____ #
 Gas fireplace _____ #
 Wood stove _____ #

Other interior features

Central vacuum Yes/No
 Sauna Yes/No
 Hot tub Yes/No

Garages

Attached _____ # of cars
 Detached _____ # of cars
 Carport _____ # of cars

Attached structures

Open porch _____ sf Wood deck _____ sf
 Enclosed porch _____ sf Patio _____ sf
 Screened porch _____ sf Balcony _____ sf
 Breezeway _____ sf Outdoor hot tub _____ #

Detached structures

Pool _____ sf Barn _____ sf Shed _____ sf
 Diving board Yes/No Cabana _____ sf Stable _____ sf
 Slide Yes/No Gazebo _____ sf



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Heating

Electric _____ %
 Gas _____ %
 Oil _____ %
 Propane _____ %

Cooling

Central air, same ducts as heat _____ %
 Central air, separate ducts from heat _____ %
 Evaporative cooler _____ %
 Whole house fan _____ %

Secondary source of heat, if applicable

- Wood stove Space heater Parlor heater Gas-on-gas stove

Year furnace replaced _____ Oil tank age (approximate) _____

- Oil tank location Inside, above ground Outside, above ground
 Inside, below ground Outside, below ground

Wiring, year updated _____ Circuit breakers Fuses

Plumbing, year update _____ Copper PVC Lead Iron

Additional property information

- Burglar alarm Central station Direct Local
 Fire alarm Central station Direct Local
 Smoke detectors Yes No

General information

- Smokers living in household Yes No
 Conduct business on property Yes No
 Full-time residence employees Yes No
 Trampoline Yes No
 Animals Yes No

If yes, please describe _____



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Please list any watercraft or other recreational vehicles owned

1. Description (including engine size)_____
2. Description (including engine size)_____
3. Description (including engine size)_____

Additional rental property owned Yes No

If yes, please describe_____

Foreclosure, repossession, or bankruptcy in the last 5 years? Yes No

Has coverage been declined or non-renewed for any reason in the last 3 years?

Yes No

Any claims in the last 5 years? Yes No

If yes, please describe_____

Comments

Please provide any additional comments or information

Signature

Named insured signature_____ Date_____