

Branch \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Date needed \_\_\_\_\_



Toms River 732-349-2300 ~ Lacey 609-607-4100 ~ Manahawkin 609-296-5444



Point Pleasant 732-892-2502

Attn:

**Homeowners Replacement Cost Estimator Questionnaire**

Name \_\_\_\_\_ Co-applicants name \_\_\_\_\_  
Address of Property \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Mailing Zip Code \_\_\_\_\_  
Dates of Birth (both insureds): \_\_\_\_\_ SS#s \_\_\_\_\_  
Occupations (both insureds): \_\_\_\_\_  
Date coverage needed \_\_\_\_\_ Is there a mortgagee? \_\_\_\_\_ Does mortgage co pay insurance? \_\_\_\_\_  
New purchase Yes/ No If yes when will home be occupied? \_\_\_\_\_ If no when was home purchased? \_\_\_\_\_

Prior Address (if <5yrs) \_\_\_\_\_  
Prior Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Expiration date \_\_\_\_\_  
Has there been a lapse of coverage? Yes/ No If yes how long? \_\_\_\_\_ Auto Carrier \_\_\_\_\_  
Would you be interested in bundling your home and auto policies? Yes/ No

**Building Data**

Total Living Space (excluding garage) \_\_\_\_\_ Sq. ft. **MANDATORY**  
Residence Type: Primary Secondary Rented Vacant **Construction/Renovation(provide detail below)**  
Number of Families: 1 2 3 4 >4 \_\_\_\_\_  
Year of home construction \_\_\_\_\_

If rented: weekly monthly annual other \_\_\_\_\_ # weeks per year \_\_\_\_\_  
If tenant occupied contents amount

Style of Home: Ranch Bi-Level Split Level Cape Cod Victorian Contemporary Colonial  
Mobile Home Town House Condo #units per fire wall #units attached

Number of Stories \_\_\_\_\_ Basement Crawlspace Slab Pilings  
If basement: Finished Unfinished %Finished \_\_\_\_\_ If Crawlspace is it vented? Yes/ No  
Pilings: Year installed \_\_\_\_\_ Are they enclosed? Yes/ No What material is used for enclosure? \_\_\_\_\_

**Outside Walls of Home:**  
Vinyl Siding Aluminum Siding Clapboard Brick/Stone Asbestos Synthetis Stucco(EIFS) Other \_\_\_\_\_

**Roofing Type:** Asphalt Shingles Architectual Copper Slate Wood Rubber Other: \_\_\_\_\_

**Roof Style:** Hip roof  Gable  Flat Other: \_\_\_\_\_

**Garage:** Attached Built-in Detached 1 car 2 car 3 car Other: \_\_\_\_\_

**Deck:** Yes/ No **Roof Deck?** Yes/ No size sq ft \_\_\_\_\_ material \_\_\_\_\_ shed Yes/ No

**Porch:** Yes/ No Open Enclosed Screened sq ft \_\_\_\_\_

**Finished attic:** Yes/ No sq ft \_\_\_\_\_

**Additional Features:**  
\_\_\_\_\_

**Interior of home is:** Basic Builder's grade Semi-Custom Custom Designer

**Bathrooms:** #Full \_\_\_\_\_ # Half \_\_\_\_\_

**Fire Place:** Yes/ No Wood Burning Gas Direct Vent Yes/ No  
**Wood/Coal Burning Stove:** Yes/ No Sheet metal Cast Iron Brick Professionally installed? Yes/ No  
**Solar Panels:** Owned Leased None How Many? \_\_\_\_\_  
**Heat Type:** Gas Electric Oil Other: \_\_\_\_\_  
 If Oil: In ground tank Above Ground tank Location of tank \_\_\_\_\_ Last inspected \_\_\_\_\_  
 Separate Coverage? \_\_\_\_\_ If above ground: Inside Outside Is it on a slab? Yes/ No  
 Is there an underground oil tank anywhere on the premises? \_\_\_\_\_  
 Has there ever been an underground oil tank?(if so please advise if remove or filled) \_\_\_\_\_  
**Air Conditioning:** Central Using same duct system as heat? Yes/ No  
 Window units How many? \_\_\_\_\_  
**Alarm System:** Yes/ No Fire Burglar Sprinkler Local Central Monitoring Agency \_\_\_\_\_  
 Remote door locks Water Sensor Water auto shut-off Low temperature sensor  
**Pool:** Yes/ No In-ground Above Ground Fenced pool yard Fence backyard  
 Do you have? Diving board Slide Diving rock  
**Trampoline:** Yes/ No Net? Yes/ No Tree house Yes/ No Skate ramp Yes/ No  
**Pets** Yes/ No Type (cat, dog, etc.) \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
 Male/ Female Spayed/neutered Any biting incidents? Yes/ No

**\*\*\*Please complete this section or no quote can be provided\*\*\***

**Update Information** (These fields are required for homes over 20 years and will effect the policy premium)

How old is your roof? \_\_\_\_\_ How old is the heating system? \_\_\_\_\_ How old is the hot water heater? \_\_\_\_\_  
 When was the last plumbing update? (including partial updates) \_\_\_\_\_ description \_\_\_\_\_  
 When was the last electrical work done? (including partial updates) \_\_\_\_\_ description \_\_\_\_\_

**Check all that apply**

Pex Polybutylene Galvanized Copper PVC Aluminum wiring fuses stab lok circuit breakers

Is the home within 1000 feet of a fire hydrant? Yes/ No **If no, closest hydrant** \_\_\_\_\_ ft  
 Is the home within 5 miles of a fire station? Yes/ No **If no, closes station** \_\_\_\_\_ miles  
 Approximate distance between your home and the closest home next door <10ft 10-20 ft >20 ft  
 Is there a home association? \_\_\_\_\_  
 Do you wish to have flood insurance? (separate policy) Yes/ No **Is it required by your bank?** \_\_\_\_\_  
 Would you like to schedule valuable articles (appraisals required) Jewelry/furs/fine arts/other \_\_\_\_\_

Do you own a business? Yes/ No **Are you interested in an umbrella quote?** Yes/ No  
 Do you have a history of bankruptcy? Yes/ No  
 Do you own any drones? Yes/ No  
 Is the home for sale? Yes/ No **Distance to commercial property** \_\_\_\_\_

**Loss/claim history (last 5 years) -Please indicate if claim is still open or if damage is still unrepaired**

1-Date \_\_\_\_\_ \$ Paid \_\_\_\_\_ Type \_\_\_\_\_ Description \_\_\_\_\_  
 2-Date \_\_\_\_\_ \$ Paid \_\_\_\_\_ Type \_\_\_\_\_ Description \_\_\_\_\_

**Additional Credits Available:**

Does anyone smoke in the home? Yes/ No  
 Permanently installed generator? Yes/ No  
 Is someone home during the day (ex. Retired, homemaker, etc)? Yes/ No  
 Do you have Metropolitan or SBLI life insurance? Yes/ No  
 For coastal homes: hurricane shutters impact resistant glass roof straps

**Additional Notes:**

\*\*\*\*\*Acknowledged by \_\_\_\_\_ Date \_\_\_\_\_