


Home Evaluation Questionnaire

Name _____
Address: _____

Phone #: _____

Insurance Agent: _____



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WHITE & WHITE INSURANCE

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1. In what year was your home built? _____

2. For homes built prior to 1940: In the event of a loss, would you select the reconstruction of your home to be of modern materials or exact replica materials?

- Modern Materials (Examples: Sheetrock/Drywall walls, 8 foot ceilings, Standard Wood, Concrete Foundation)
 Exact Replica Materials (Examples: Plaster Walls, 10 foot ceilings, Rough Lumber)






3. Is your home: One Family Two Family Three Family Four Family

4. Please mark an X in the box that corresponds to the style that most resembles your home.

 <input type="checkbox"/> 1 Story	 <input type="checkbox"/> 2 Story <input type="checkbox"/> 3 Story	 <input type="checkbox"/> Victorian	 <input type="checkbox"/> Split-Level <input type="checkbox"/> Tri-Level <input type="checkbox"/> Back Split	 <input type="checkbox"/> Bi-Level / Raised Ranch <input type="checkbox"/> 2 Levels
 <input type="checkbox"/> 1.5 Story	 <input type="checkbox"/> Adobe	 <input type="checkbox"/> Town House - End Unit	 <input type="checkbox"/> Town House - Center Unit	 Contemporary Please indicate number of stories: <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3

5. Do you have a garage or carport? Yes No

If yes, please indicate the type and size (in terms of maximum number of cars).

 <input type="checkbox"/> An Attached Garage (<u>no</u> living space above)	 <input type="checkbox"/> A Built-In Garage (living space above)	 <input type="checkbox"/> A Carport	 <input type="checkbox"/> A Basement Garage	 <input type="checkbox"/> Detached Garage
Cars: 1 2 3 4 5	Cars: 1 2 3	Cars: 1 2 3	Cars: 1 2 3	Cars: 1 2 3

6. Total Living Area, excluding basement and attic: _____ Sq.ft

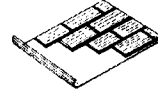
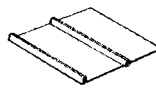
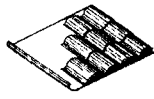
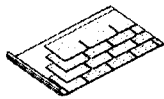
7. Foundation Type: (Must add up to 100%)
 Basement _____ %
 Crawl Space _____ %
 Slab _____ %

8. If you have a basement:
 - Is it a walkout? Yes No
 - What percentage is finished? _____ %
 If finished, finish style: Standard Custom

9. Please select the materials that describe those found in your home.
 For each category indicate the percentage of each type of material used in your home. Please ensure each column adds to 100%. If your home contains a material not listed, please write-in the material name and percentage under "Other - Specify".

Exterior Walls	%
Brick (Solid) ¹	
Brick Veneer / Brick on Frame	
Concrete Block	
Stone (Solid)	
Stone Veneer / Stone on Frame	
Stucco on Block	
Stucco on Frame	
Wood Siding / Shakes	
Vinyl / Aluminum Siding	
Other - Specify _____	

10. Please select the primary roofing material on your home.



Shingles - Asphalt / Composition

Wood Shingles / Shakes

Clay / Concrete Tile

Metal (Tin, Steel)

Slate

Built-up / Tar & Gravel

Other Specify: _____

11. Do you have a: Wood Deck _____ Total Sq. ft
 Composite Deck _____ Total Sq. ft
 Porch _____ Total Sq. ft Enclosed Screened Open

12. How many kitchens are in your home? 1 | 2

Please indicate if any of your kitchens have the following special features:

- Corian, Granite or Authentic Marble Countertops More than one oven Center Island with Cabinets or Sink
 Commercial style Refrigerator (e.g. Sub-Zero style) 6 or more total range top burners

13. How many bathrooms are in your home?

Full (tub/shower, sink & toilet) 0 | 1 | 2 | 3 | 4 | 5 Half (sink & toilet) 0 | 1 | 2 | 3 | 4 | 5

Please indicate the number of bathrooms that have the following special features:

Corian, Granite or Marble 0 | 1 | 2 | 3 | 4 | 5 Spa or Jacuzzi Tub 0 | 1 | 2 | 3 | 4 | 5

Double Sink 0 | 1 | 2 | 3 | 4 | 5 Bathtub and separate Shower Stall 0 | 1 | 2 | 3 | 4 | 5

14. Please indicate the number of these additional features in your home:

Windows

Skylights 0 | 1 | 2 | 3 | 4 | 5

Bay Windows 0 | 1 | 2 | 3 | 4 | 5

Bow Windows 0 | 1 | 2 | 3 | 4 | 5

Picture Windows 0 | 1 | 2 | 3 | 4 | 5

Doors & Fireplace

Atrium/French Doors 0 | 1 | 2 | 3 | 4 | 5

Sliding Glass Doors 0 | 1 | 2 | 3 | 4 | 5

16. How many years have you lived at this residence?

By signing below, I acknowledge that the information I have provided in this survey is accurate and complete to the best of my knowledge.

Telephone Number:

Customer Signature:

Date:

Thank you for your time!

Interior Materials	Wall Finishes	Percentage	Floor Finishes	Percentage
	Paint	_____	Hardwood	_____
	Paper	_____	Plank	_____
	Foil/Custom Paper	_____	Wall/Wall Carpet	_____
	Paneling	_____	W/W Carpet over hardwood	_____
	Tongue/Grove	_____	Wool Carpet	_____
	Millwork Paneling	_____	Vinyl	_____
	Built-Ins	_____	Ceramic Tile	_____
	Ceramic Tile	_____	Imported Ceramic Tile	_____
	Marble Tile	_____	Marble Tile	_____
	Brick	_____	Parquet	_____
	Stone	_____	Terrazzo	_____
	Cork	_____	Slate	_____
	Grass Cloth	_____	Flagstone	_____
	Knotty Pine	_____		
	Mirrors	_____		
	TOTAL	100%	TOTAL	100%

Interior Walls	Percentage	Ceiling Finishes	Percentage
	Drywall	Drywall	_____
	Plaster	Plaster	_____
	Block	Acoustic tile	_____
	Adobe	Wood	_____
	Studs only		
	TOTAL	TOTAL	100%

Heating/Air Conditioning Primary Source of Heat Oil___ Gas___ Electric___ If Oil: Is tank located Underground No ___ Yes ___
Central Air Conditioning No ___ Yes ___
A/C Same vents as heat No ___ Yes ___
Fireplace with Chimneys Single ___ Double ___
Wood Stoves No ___ Yes ___

Additional Features

Central Burglar Alarm	_____	Ornamental Stairs	_____
Central Fire Alarm	_____	Sauna	_____
Central Vacuum	_____	Spiral Staircase	_____
Electronic Air Cleaner	_____	Wet Bar	_____
Fire Sprinklers	_____	Greenhouse	_____
Intercom System	_____	Screened Pool Enclosure	_____
Hurricane Shutters	_____	Stained Glass	_____
Fireplace Insert	_____	Direct Vent Fireplace	_____
Gas Fireplace	_____	Jacuzzi Indoor___ Outdoor___	_____

Additional Questions: Any Pets_____ If dogs, what breed? _____
Any Smokers in the household? _____
Is there a Trampoline on the premises? _____
Do you have a swimming pool? _____ If yes, above ground or built in? _____
Is there a diving board,diving Rock or slide? _____

Please list the approximate dates, month and year of the following updates:

Heating: _____ Electrical: _____
Plumbing: _____ Roof: _____

Do you have a Mortgage: No ___ Yes ___ Date Moved in to Home: _____

Social Security numbers: _____ - _____ - _____

Level of Education: High School ___ College: 4 year degree ___ 2 year degree ___

Occupation: _____ Name of Employer: _____ Yrs employed: ___

Dates of birth: _____

Email address: _____ @ _____