

Home Replacement Cost Evaluation Form

(For use with Marshall & Swift / Boeckh RCT Express Replacement Cost Program)

Insured/Applicant Name: _____

Address: _____

Agency / Code: _____ Completed By: _____

1. What year was your home built? _____ Type? 1 – Family__ 2 – Family__ 3 – Family__
2. What style is your home? 1 Story__ 1.5 Story__ 2 Story__ 2.5 Story__ Bi-Level__ Split Level__ Other _____
3. What is the total square footage of the finished living area of your home? _____ Square Feet
4. Does your home have a: Deck (Sq. Ft.: _____) Cathedral Ceilings (% of home: _____%)
Breezeway (Sq. Ft.: _____) Is Breezeway: Enclosed____ Screened____ Open____
Porch (Sq. Ft.: _____) Is Porch: Enclosed____ Screened____ Open____
5. Which of the following additional features are in your home?
Skylights: #____ Picture Window: #____ Atrium/French Door: #____ Central Alarm: %____
Bay Windows: #____ Glass Sliding Door: #____ Woodstove: #____ Hot Tub: Sq Ft _____
Bow Windows: #____ Atrium Window: #____ Greenhouse: Sq Ft _____ Wet Bar: #____
6. Do you have a garage? No__ Yes__ Attached__ Built-in__ Carport__ Detached__
How many vehicles can be parked in the garage? One Car__ Two Cars__ Three Cars__ Four Cars__
7. Does your home have a basement? No Yes If YES, percentage finished: _____%
8. If your home does not have a full basement, what percentage is: Slab: _____% Crawl Space: _____% Stilts: _____%
9. Which materials listed below best describe the materials found in your home? Please indicate the materials as percentages of total (e.g. 5%, 10%, 15%, etc). If your home contains material not found on the list, please select a similar material that is in the list and use the reverse side of this form for additional explanation, if necessary. Your selection should total 100% in each category.

EXTERIOR WALLS

Clapboard: _____

Wood Siding: _____

Aluminum Siding: _____

Vinyl Siding: _____

Wood Shakes: _____

Brick Veneer: _____

Stone Veneer: _____

Stucco: _____

Block: _____

Solid Brick: _____

Solid Stone: _____

Masonry: _____

Log: _____

T-111: _____

INTERIOR WALLS

Plaster: _____

Dry Wall: _____

Studs Only: _____

WALL FINISHES

Paint: _____

Faux Finish: _____

Wallpaper: _____

Paneling: _____

Ceramic Tile: _____

Brick: _____

Stone: _____

Marble: _____

Knotty Pine: _____

ROOF COVER

Asphalt: _____

Metal: _____

Slate: _____

Clay Tile: _____

Wood Shakes: _____

Tar & Gravel: _____

Rubber: _____

CEILINGS

Drywall: _____

Plaster: _____

Acoustic Tile: _____

Wood: _____

Other: _____

FLOOR FINISHES

Hardwood: _____

W to W Carpet: _____

W to W over Hardwood: _____

Wool/Berber Carpet: _____

Parquet: _____

Ceramic Tile: _____

Marble Tile: _____

Slate: _____

Brick: _____

10. How many kitchens are in your home? _____

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

Corian, Granite, or authentic marble countertop____ Jenn-Aire Stove____ Sub-Zero Refrigerator____
Center Island w/ Cabinets or sink____ Walk-in Freezer____ Motorized Pantry____ Indoor BBQ____

11. Please indicate the number of bathrooms that are:

_____ Full (3 or more fixtures w/tub) _____ Half (Sink, toilet, stand up shower) _____ Half (Sink/toilet only)

Please indicate quality grade: Standard____ Custom____ Designer____

12. What is your homes primary source of heat? Oil____ Gas____ Electric____ Other: _____

If you heat with oil, where is the storage tank located: Basement____ Outside - Above Ground____ Garage____
Outside – Underground____ Other: _____

Do you have a secondary source of heat? No____ Yes____ (please describe): _____

13. Does your home have central air conditioning? No____ Yes____ – shared ducts with heating system? Yes____ No____

14. Does your home have a central vacuum system? No____ Yes____

15. How many fireplaces with masonry chimneys? None Single (#____) Double (#____) Triple (#____)
(DOUBLE is two fireboxes and one chimney, TRIPLE is three fireboxes and one chimney)

DIAGRAM SECTION

In the space below, please provide a basic, top view diagram of your home (with dimensions, if known).