

RESIDENTIAL REPLACEMENT COST WORKSHEET

 Client Name 1 _____ Date of Birth _____ Smoker Yes No

Contact Info _____

 Client Name 2 _____ Date of Birth _____ Smoker Yes No

Contact Info _____

 Location to Insure _____ Within 300m of Hydrant Yes No

_____ Responding Firehall

 _____ Within 13 Kilometers Yes No

Previous Insurer _____

Policy Number _____ # Years Insured _____

Any Claims? _____

 Year Built _____ # of Stories _____ Effective Date _____
 Total Living Area _____ Years at location _____ Move in Date _____

Occupancy		Garages & Carports	# of Cars
Owner Occupied	_____	Attached	_____
Rented	_____	Built-In	_____
Seasonal	_____	Car Port	_____
Family Occupied / How related?	_____	Detached	_____

Style		Decks, Patios, Porches	Sq. Ft.
1, 1.5, 2 or 2.5 Story	_____	Wood Deck	_____
Bi-Level	_____	Cement or Paving Stone Patio	_____
Tri-Level	_____	Breezeway	_____
Town/Row	_____	Porch	_____
		Open, Enclosed, or Screened?	_____
		3 Season Sun Room	_____
		4 Season Sun Room	_____
		Balcony	_____

Basement Type	%		
Full	_____		
Slab	_____		
Crawlspace	_____		
Walkout	_____		
% Finished	_____		

Exterior Walls	%		
Stucco on Frame	_____		
Wood Siding	_____		
Vinyl Siding	_____		
Wood Shakes	_____		
Brick Veneer	_____		
Stone Veneer	_____		
Solid Brick	_____		
Hardy board / Cement Board	_____		

		Bathrooms Grade A, B, C, D	#
		4 Piece (Tub & Shower)	_____
		3 Piece (Just Shower)	_____
		2 Piece	_____

		Other Structures	
		Wood Fence	_____
		Above Ground Pool	_____
		In Ground Vinyl Pool (size)	_____
		In Ground Cement Pool (size)	_____
		Hot Tub	_____
		Shed (sq. ft.)	_____
		Workshop (sq. ft.)	_____
		Other	_____

# of acres (if over 1 acres)	_____	Well Water	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any plaster walls or ceilings?	_____	Septic System	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any crown moldings?	_____	Credit Consent	Yes <input type="checkbox"/> No <input type="checkbox"/>

Water Tank

Year Updated _____
 Gas or Electric _____
 Tankless Yes No

Liability Exposures & Misc

Business Use on Premises Yes No
 Day care on Premises Yes No
 # of Owned Locations _____

Any rooms rented out? Yes No
 Any suites rented out? Yes No
 Any co-occupants Yes No
 Renewable Energy Installation Yes No
 Vacant Yes No
 Short term rental (Airbnb) Yes No

Optional Coverages

Scheduled Items _____
 Jewelry _____
 Sewer Backup _____
 Service Line _____
 Ground Water _____
 Overland Water _____
 Home Equipment Breakdown _____
 Bylaws _____

Rental only

of tenants _____
 All related? Yes No
 Monthly rent _____
 Is there a Property Management Company? Yes No
 Live within 145km of rental? Yes No
 1 year lease, or monthly _____

Auxiliary Heat

Woodburning Fireplace Yes No
 Gas Fireplace Yes No
 Wood Burning Stove Yes No

Plumbing

Year Updated _____
 Copper (%) _____
 PVC (%) _____
 PEX (%) _____
 Cast Iron/Galvanized (%) _____
 Other _____
 Sump Pump – Year Installed _____
 Backwater Valve – Year Installed _____

Roofing

Year Updated _____
 Asphalt Shingles _____
 Wood Shakes _____
 Tar & Gravel _____
 Metal (Type?) _____
 Other _____

Heating

Year Updated _____
 Gas or Electric or Other _____
 Forced Air Furnace _____
 Electric Baseboard _____
 Radiant Floor _____
 Boiler, Hot Water _____
 Heat Pump / Geothermal _____

Electrical

Year Updated _____
 Breakers or Fuses _____
 Copper Wire (%) _____
 Aluminum Wire (%) _____
 Knob & Tube (%) _____
 Number of Amps _____

Mortgage Information (name, address)**Lawyer Information (name, address, email)**

Additional Information

