

# Replacement Cost Estimator

Named Insured: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Usage: Primary  Rental  Year Built: \_\_\_\_\_  
Secondary  Vacant   
Seasonal

Square Footage: \_\_\_\_\_ Covered Porch: \_\_\_\_\_  
Open Porch: \_\_\_\_\_  
Deck: \_\_\_\_\_  
Screen Porch: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Bedroom 1 \_\_\_\_\_ *dimensions*  
Bedroom 2 \_\_\_\_\_ *dimensions*  
Bedroom 3 \_\_\_\_\_ *dimensions*  
Bedroom 4 \_\_\_\_\_ *dimensions*  
Bedroom 5 \_\_\_\_\_ *dimensions*

Number of Bathrooms: \_\_\_\_\_ Full \_\_\_\_\_ Half

Number of Stories: \_\_\_\_\_

Foundation: Slab  Other   
Crawlspace   
Pilings  If pilings, are they - wood or concrete

Exterior Construction: Frame  Masonry   
Block

Exterior Wall Covering: Paint  Vinyl  Stucco   
Cement Fiber  Cypress  Brick

Roof Shape: Hip  Flat   
 Gable  Other

Roof Material: Shingle  Tile   
 Metal  Other

Garage/Carport: Attached  Under Hm   
 Detached  How many cars? \_\_\_\_\_

Interior Wall Construction: Drywall  Other   
 Wood

Interior Wall Finish: Paint  Paneling   
 Wallpaper  Other

Interior Wall Height: \_\_\_\_\_

Crown Moulding: Y / N No. of Rooms \_\_\_\_\_

Chair Rail: Y / N No. of Rooms \_\_\_\_\_

Vaulted/Coffered Ceilings: Y / N % of Home \_\_\_\_\_

Ceiling Finish: Paint  Wood  Other

Floor Coverings: Hardwood  % \_\_\_\_\_ Type \_\_\_\_\_  
 Wood Plank  % \_\_\_\_\_ Type \_\_\_\_\_  
 Wood Laminate  % \_\_\_\_\_  
 Carpet  % \_\_\_\_\_ Type \_\_\_\_\_  
 Vinyl  % \_\_\_\_\_  
 Ceramic Tile  % \_\_\_\_\_  
 Marble Tile  % \_\_\_\_\_

Kitchen: Range  Free Standing or Built-In? \_\_\_\_\_  
 Refrigerator  Free Standing or Built-In? \_\_\_\_\_  
 Microwave   
 Micro/Hood Combo  Wet Bar   
 Garbage Disposal  Day Kitchen   
 Dishwasher

Custom Cabinets Y / N Wood Type \_\_\_\_\_  
 Glass Fronts Y / N How Many \_\_\_\_\_

Island Y / N With Attached Seating Y / N  
 Peninsula Y / N With Attached Seating Y / N  
 Countertops Granite  Solid Surface   
 Marble  Other   
 Tile  Type \_\_\_\_\_

	<i>Heating</i>		<i>Cooling</i>	
HVAC:	Heating - Electric	<input type="checkbox"/>	Central A/C	<input type="checkbox"/>
	Heating - Gas	<input type="checkbox"/>	Heat Pump	<input type="checkbox"/>
	Heat Pump	<input type="checkbox"/>	Window Units	<input type="checkbox"/>
	Radiant	<input type="checkbox"/>	No. of Units	_____
	No. of Units	_____		

No. of Ceiling Fans in Home (Interior & Exterior) \_\_\_\_\_

Fireplace:	None	<input type="checkbox"/>			
	Masonry	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Wood Burning <input type="checkbox"/>
	Insert	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Wood Burning <input type="checkbox"/>

Exterior Doors:	No. of Exterior Doors	_____
	No. of French Doors	_____
	No. of Sliding Glass Doors	_____

Windows:	No. of Windows	_____				
	Vinyl	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Aluminum	<input type="checkbox"/>
	Any Specialty Windows?		Y / N			
	Type	_____				
		<i>(single/double hung, horizontal sliding, impact resistant?)</i>				

Opening Protection:	Hurricane Shutters	<input type="checkbox"/>	3M Film	<input type="checkbox"/>
	Pre-Cut Plywood	<input type="checkbox"/>	Other	<input type="checkbox"/>

Electrical Box:	200 AMP	<input type="checkbox"/>	100 AMP	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Pets:	Y / N	How Many	_____
		Type/Breed	_____

Exterior:	Swimming Pool:	Y / N	Fenced	Y / N	Height	_____
	Hot Tub/Jacuzzi:	Y / N	Fenced	Y / N	Height	_____
	Trampoline:	Y / N				

Personal Information:	Owner 1	_____
	SSN	_____
	DOB	_____
	Occupation	_____

	Owner 2	_____
	SSN	_____
	DOB	_____
	Occupation	_____