

DATE: _____

Home Replacement Cost Evaluation Form

Insured/Applicant Name: _____ Social Security #: _____
Address: _____ Date of Birth: _____
Home #: _____ Cell #: _____ Business #: _____

Employer/Address/Occupation: _____

Works less than 20 hrs/week

Do you employ any domestic employees? No Yes

Do you conduct any business on the premises? No Yes – describe: _____

Dwelling Information

1. What year was your home built? _____ Type? 1-Family 2-Family 3-Family

2. What was the date you purchased your home? _____ What was the purchase price? \$ _____

3. What is the style of your home? 1 Story 1.5 Story 2 Story 2.5 Story
 Bi-Level Split Level Other: _____

4. Number in Household? _____ Number of Rooms? _____ Non-Smokers Smokers

5. Ceiling Heights: _____ (Percentage of Cathedral Ceilings? _____ %)

6. What is the total square footage of the **finished living area** of your home? _____ Square Feet
What is the total square footage of the lot size? _____ Square Feet

7. Does your home have a basement? No Yes If yes, percentage finished: _____ %

8. If your home **does not** have a basement, what percentage is: Slab: _____% Crawl Space: _____% Stilts: _____%

9. Does your home have a garage? No Yes Attached Built-in Carport Detached
How many vehicles can be parked in the garage? One Car Two Car Three Cars Four Cars

10. Does your home have a:

Deck: _____ Sq. Ft.
 Breezeway: _____ Sq. Ft. Is Breezeway: Enclosed Screened Open
 Porch: _____ Sq. Ft. Is Porch: Enclosed Screened Open

11. Do you have any other structures on the premises – type, value? _____

12. Is there a swimming pool on the premises? No Yes – diving board, slide, fence? _____

13. Is there a trampoline on the premises? No Yes

14. Is there a dog or any other pet owned or kept on the premises? No Yes – Breed: _____

15. Which of the following additional features are in your home?

Skylights: # _____ Sliding Glass Door: # _____ Wet Bar: # _____
 Bay Windows: # _____ French/Atrium Door: # _____ Central Fire Alarm: % _____
 Bow Windows: # _____ Woodstove: # _____ Central Burglar Alarm: % _____
 Picture Window: # _____ Ceiling Fans: # _____ Greenhouse: Sq. Ft. _____
 Atrium Window: # _____ Bath Exhaust Fans: # _____ Hot Tub: Sq. Ft. _____

(OVER PLEASE)

16. Which materials listed below best describe the materials found in your home? Please indicate the materials as percentage of total (e.g. 5%, 10%, 15%, etc). Your selection should total 100% in each category.

Exterior Walls

Clapboard: _____
 Wood Siding: _____
 Wood Shakes: _____
 Aluminum Siding: _____
 Vinyl Siding: _____
 Brick Veneer: _____
 Stone Veneer: _____
 Stucco: _____
 Block: _____
 Solid Brick: _____
 Solid Stone: _____
 Masonry: _____
 Log: _____
 T-111: _____
 Other: _____

Interior Walls

Plaster: _____
 Drywall: _____
 Studs Only: _____
 Other: _____
Wall Finishes
 Paint: _____
 Faux Finish: _____
 Wallpaper: _____
 Paneling: _____
 Ceramic Tile: _____
 Brick: _____
 Stone: _____
 Marble: _____
 Knotty Pine: _____
 Other: _____

Roof Cover

Asphalt: _____
 Metal: _____
 Slate: _____
 Clay Tile: _____
 Wood Shakes: _____
 Tar & Gravel: _____
 Rubber: _____
 Other: _____
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: _____
 Other: _____

17. How many kitchens are in your home? _____

Corian, Granite, or authentic marble countertop Other: _____
 Please indicate quality grade: Standard Custom Designer

18. 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

19. What is your homes primary source of heat? Oil Gas Electric Other: _____

If you heat with oil, where is the storage tank located? Outside – Underground Basement Garage
 Outside – Above Ground Other: _____

Do you have a secondary source of heat? No Yes (please describe): _____

20. Does your home have central air conditioning? No Yes – shared ducts with heating system? Yes No

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

22. Which of the following additional features are in your home?

Disposal/Dishwasher/Trash Compactor Book Cases Wall Oven Central Vacuum System
 Water Softening System/Purifier Hutches/Other Built-ins Sprinkler System Recessed Lights
 Sauna/Jacuzzi/Hot Tub/Steam Additional Entry Hall Other Custom Features: _____

23. Year of Updates: Electric: _____ Plumbing: _____ Heating: _____ Roof: _____

24. Loss record of past five year? _____

25. Do you have any jewelry, furs, fine arts, antiques or other collectibles? _____

ACORD™ HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY Walter J. May Ins. Agcy., Inc. 188 Whiting Street Hingham, MA 02043-9840	PHONE (A/C, No, Ext): 781-749-4310 FAX (A/C, No):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE	FACILITY CODE
CODE:	SUBCODE:	DATE AT CURR RES	CO/PLAN	POLICY #	
AGENCY CUSTOMER ID	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	HOME PHONE #	DAY EVE DAY EVE

APPLICANT INFORMATION

PREVIOUS ADDRESS (if less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)					
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #

HOW LONG HAVE YOU KNOWN THE APPLICANT?

INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY

HO FORM	DWELLING	OTHER STRUCTURES
\$	\$	\$

P
Homeowner Application

DED (Type & Amount)

PERSONAL BILITY CURRENCY	MEDICAL PAYMENTS EACH PERSON	ALL PERIL	
		WIND/HAIL	
		THEFT	
		NAMED HURRICANE *	

ENDORSEMENTS

REPLACEMENT COST DWELLING REPLACEMENT COST C
ENTER OTHER ENDORSEMENT(S)

PREMIUM * Not Applicable in NC

EST TOTAL PREMIUM	\$
DEPOSIT	\$
BALANCE	\$

PAYMENT PLAN

ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:	MAIL POLICY TO:
BILLING	IF DIRECT BILL:
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER:
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE
IF APPLICANT BILL:	<input type="checkbox"/> AGENT
<input type="checkbox"/> FULL PAY	<input type="checkbox"/> APPLICANT
<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMIL-ILIES	# HSEHLD RES	PURCHASE DATE/PRICE	
MASONRY	VINYL SIDING			\$	DWELLING	PRIMARY	COC				
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:				
FIRE RES				\$	CONDO	SEASONAL					
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	RENOVATION TYPE	PART	COMP	YEAR
				FT	SYSTEM	SMOKE	TEMP	WIRING			
				MI	CENTRAL			PLUMBING			
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER				DIRECT			HEATING			
					LOCAL			ROOFING			
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED			
		YES NO	YES NO	YES NO	YES NO	YES NO	OPEN	NONE			
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	APPROVED FENCE	STORM SHUTTERS	YES	A HURR RES	YES		
WITHIN CITY LIMITS	OWNER	FIRE EXT VISIBLE TO NEIGHBORS	INDOORS	YES	DIVING BOARD	NO	NO	B GLASS	NO		
WITHIN FIRE DIST	TENANT		OUTDOORS		SLIDE						
WITHIN PROT SUBURB			ABOVE GROUND ON MASONRY FLOOR		SEMI-RESISTIVE						
			ABOVE GROUND NOT ON MASONRY FLOOR		OTHER						
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	ROOF MATERIAL	CONDITION OF ROOF			
	YES NO		CLASS SPEC	YES NO		RESISTIVE					
IF REPLACEMENT COST APPLIES:	ACORD	40	41	42 ATTACHED	RATING CREDITS	MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)			
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER	LIGHTNING PROTECTION			PARTIAL	CHIMNEYS	PRE-FAB WOOD STOVE INSERT		
SQ FT	SQ FT	SQ FT					FULL	HEARTHES			

GENERAL INFORMATION

CSR:

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO	
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)						
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?						
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?				RENTERS AND CONDOS ONLY:		
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				15. IS THERE A MANAGER ON THE PREMISES?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				16. IS THERE A SECURITY ATTENDANT?		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)				17. IS THE BUILDING ENTRANCE LOCKED?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?				18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				20. IS HOUSE FOR SALE?		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				22. IS THERE A TRAMPOLINE ON THE PREMISES?		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)				23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
			24. ANY LEAD PAINT HAZARD?			
			25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)			
			26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			

LOSS HISTORY			ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST ____ YEARS, AT THIS OR AT ANY OTHER LOCATION?	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE BELOW	CAT # AMOUNT

PRIOR COVERAGE		
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

ADDITIONAL INTEREST			
INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)	ATTACHMENTS	
	STATE SUPPLEMENT(S) (If applicable)	PROTECTION DEVICE CERTIFICATE
	INLAND MARINE APPLICATION	PERS EXCESS/UMBRELLA APP
	REPLACEMENT COST ESTIMATE	RECREATIONAL VEHICLE APP
	PHOTOGRAPH	WATERCRAFT APPLICATION
	SOLID FUEL SUPPLEMENT	LEAD FREE PAINT CERTIFICATION
	EARTHQUAKE APPLICATION	HOME BASED BUSINESS SUPP
FOR COMPANY USE ONLY		

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER