

## Residential Dwelling Survey

Insured	Acct	Date
Site Address	Inspector	
City, State	Bld #	

Owner Occupied    Tenant Occupied    Farm Manager    Employee    Vacant    Other \_\_\_\_\_

Insured Amount \$ \_\_\_\_\_    Replacement Cost    Actual Cash Value

Quality of Construction	Construction Type	General Condition
<input type="checkbox"/> Average or Standard <input type="checkbox"/> Semi-Custom <input type="checkbox"/> Custom	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Frame & Stucco <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Excellent - Above Average <input type="checkbox"/> Good - Average <input type="checkbox"/> Poor - Below Average
Year of Construction:	<input type="checkbox"/> 1 Story <input type="checkbox"/> 2 Story	
Year Remodeled:	Total Sq Ft Under Roof:	Total Acres:

Attachments	Renovation	Roof Covering	Condition
Garage <input type="checkbox"/> Yes <input type="checkbox"/> No Porch <input type="checkbox"/> Yes <input type="checkbox"/> No _____ sq ft Deck <input type="checkbox"/> Yes <input type="checkbox"/> No _____ sq ft Steps <input type="checkbox"/> Yes <input type="checkbox"/> No Construction _____ Condition _____ Hand Rail <input type="checkbox"/> Yes <input type="checkbox"/> No	Renovation dates: Heating Plumbing Roofing Wiring	<input type="checkbox"/> Composition <input type="checkbox"/> Asphalt <input type="checkbox"/> Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Tile <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other <input type="checkbox"/> Foam	<input type="checkbox"/> New <input type="checkbox"/> Average <input type="checkbox"/> Patched <input type="checkbox"/> Worn/Poor Approx Age:
Has building been remodeled <input type="checkbox"/> Yes <input type="checkbox"/> No   Extent:			

**Fencing:**    Wood    Block    Pipe    Chain Link    Wire    Barbed Wire    Other

Heating	Air Conditioning	Plumbing
<input type="checkbox"/> Gas: <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> Central <input type="checkbox"/> Evaporative <input type="checkbox"/> Window/Wall	<input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Galvanized <input type="checkbox"/>

**Wiring**    Safe    Poor\*    Open Splices\*    Over fused\*   \* Explain in narrative  
 Type:    Conduit    Romex    Other\* \_\_\_\_\_   Protection:    Circuit Breakers    Fuses  
 Extension Cords / Multi-tap Outlets?    Yes\*    No   Any temporary wiring?    Yes\*    No

Alarm Systems	Responding Fire Dept:
Burglar Alarm? <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central Station Fire Alarm? <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Battery <input type="checkbox"/> Hard Wired  <i>* Monitored system mandatory if dwelling over \$500,000</i>	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer   Protection Class: Distance to station: _____ Miles Estimated Response time: _____ Minutes Water Source <input type="checkbox"/> Hydrant <input type="checkbox"/> Well <input type="checkbox"/> Other Distance to hydrant: _____
Gated Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Swimming Pool   Fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs?   # <input type="checkbox"/> Yes <input type="checkbox"/> No
Brush Hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trampoline? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Wind Loss Mitigation Factors** (Answer all that apply)

Roof To Wall Connection?	Roof Shape Hip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Storm Shutters?	All Openings Covered ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unrestrained Wall to Foundation?	Gable Roof Bracing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Building Code?		

Refer to diagrams, photos and other supplements attached.