

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

Refer to diagrams, photos and other supplements attached.