

RCT: HOME INFORMATION SHEET

2023

Policy Number: _____

Name of Insured: _____ Date of Birth: _____
Smoker / Non Smoker Credit Consent: Yes / No

Name of Insured: _____ Date of Birth: _____
Smoker / Non Smoker Credit Consent: Yes / No

Phone Number: (Home) _____ (Cell) _____

Email Address: _____

Address/Location: _____

HOUSE DETAILS:

Garage: Attached / Detached / Built-In How Many Stories is Your Home?: _____
Type: Single / Double / Triple Year Built: _____ Square Footage: _____

Basement: Finished ____% / Not Finished ____%

Basement Custom Features: _____

Number of Bathrooms: _____ (Full - 3 Fixtures) _____ (Half)

Bathroom custom features: _____

(heated floors, custom cabinetry, double sink, etc.)

Kitchen custom features: _____

(heated floors, custom cabinetry, double sink, island, etc.)

EXTERIOR OF HOUSE:

Exterior Construction: _____ (Example: 75% Stucco & 25% Brick)

Roof Type and Age of Roof: _____ (Example: Asphalt, 2020)

Deck Dimensions (if applicable): _____ (Example: 250 sq ft or 10 x 25)

INTERIOR OF HOUSE:

Interior Walls: _____ (Example: 80% Drywall, 20% Plaster)

Flooring Types: _____ (Example: 50% Carpet, 25% Hardwood, 25% Vinyl)

Age and Type of Primary Heating Source: _____ (Example: Gas Furnace, 2020)

ADDITIONAL FEATURES:

Central Air: Y / N

Central Vacuum: Y / N

Pool? _____ square footage (If applicable, is it Fiberglass or Concrete?)

Hot Tub? Indoor / Outdoor

Jacuzzi? Y / N

Wet Bar? Y / N

Sky Lights? Y / N (If applicable, how many? _____) Size of Skylights: _____

Fireplace? Y / N (If applicable, Gas or Wood? How many fireplaces are in the home? _____)

Woodstove: Y / N (If applicable, is it WETT Certified? Y / N)

Monitored Alarm?: Y / N

Local Alarm?: Y / N

Burglary / Fire / Both

Do you have a Sump Pump? Y / N

Do you have a Back-Up Valve? Y / N (If applicable, is it located in the sump pit or main line?)

Electricity: Breaker: _____ amp or Fuses Age of Hot Water Tank _____

How long have you owned this house? _____

Do you have a mortgage? Y / N

Mortgagee: _____

UPDATES:

Wiring Age and Type: _____

Plumbing Age and Type: _____

OTHER SPECIAL/ADDITIONAL FEATURES:

Please complete this form at your earliest opportunity and return to our office via email (delaney@loweyinsurance.com) or fax (204-888-9373).