Erie Homeowners – Quick Replacement Cost Estimator

Name: _____ **Date**: _____

Contact #: _____

Current Address: _____

Property Address: _____

(Home to be Insured)

Date of Birth: _____

Insurance Score: ☐ Y ☐ N

Settlement Date: _____ (If not already owned)

Mortgage Amount: _____ **Mortgage Co. Contact:** name: _____

Number of Yrs at Residence: _____ phone: _____

Number of Families: _____

Please mark an X in the box that corresponds to the style that most resembles your home.

☐ 1 Story

☐ 2 Story
☐ 3 Story

☐ Victorian

☐ Split-Level*
☐ Tri-Level*
☐ Back Split

☐ Bi-Level / Raised Ranch*
☐ 2 Levels

☐ 1.5 Story*

☐ Adobe

☐ Town House - End Unit
☐ Town House - Center Unit

Contemporary* - Please indicate number of stories:
☐ 1 ☐ 1.5 ☐ 2 ☐ 2.5 ☐ 3

Year Built: _____ **Construction Type**: ☐ Standard ☐ Custom

Number of Stories: _____ **Square Footage**: _____sq ft

If Basement is Finished: _____sq ft

Mark Type of Perimeter:

Square: _____ Rectangle or Slightly Irregular: _____ Very Irregular: _____

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Kitchen

of Builder Grade: _____
# of Semi-custom: _____
# of Custom: _____
# of Design: _____

Select all that apply:

☐ Granite or marble countertops
☐ More than one oven
☐ Center Island w/ cabinets & sink
☐ 6+ Total Range burners
☐ Commercial Style Refrigerator

Bathroom

	Full	Half
# of Builder Grade:	_____	_____
# of Semi-custom:	_____	_____
# of Custom:	_____	_____
# of Design:	_____	_____

Select all the apply:

☐ Granite of Marble Countertops
☐ Double Sink
☐ Spa / Jacuzzi Tub
☐ Bathtub & Separate Shower

HVAC System

Heat Type: ☐ GAS ☐ ELECTRIC ☐ OIL
☐ OTHER: _____
A/C: ☐ Y ☐ N

Age of Heating System:_____

Note: Heating must be 30 yrs or newer or have an annual service contract with Oil or Gas company.

Home System (Check all that apply)

Central Station Fire and Burglar Alarm ☐
Smoke Detectors ☐
Deadbolt Locks ☐
Sprinkler System ☐
Intercom System ☐
Stereo System ☐

Basement (If basement is finished)

Standard Finish ☐
Custom Finish ☐

Pets

of Pets _____
Type of Pet(s) _____
If dog(s), what breed _____

Floor Covering

Hardwood: _____%
Carpet: _____%
Carpet over Hardwood: _____%
Ceramic Tile: _____%
Clay Tile: _____%
Marble/ Solid Stone: _____%
Slate/ Brick: _____%
Vinyl: _____%
Other: _____%

Ceiling Extras

of Ceiling Fans _____
# of Cathedral Ceilings _____
Cathedral Ceiling _____%
# of Recessed Lights _____

Fire Place/ Woodstove/ Wet Bar

of Fireplace _____
# of Gas Fireplace _____
# of Wood Burning Stove _____
# of Wet Bar _____

Wall Covering

Paint: _____%
Wallpaper (**Vinyl** or **Cloth**): _____%
Tile/ Ceramic: _____%
Other: _____ _____%

Interior Wall Material

Drywall: _____%
Plaster: _____%
Plywood: _____%
Other: _____%

Are you conducting any business or occupational pursuits on the premises? _____

If yes, how many clients or vendors come to your home in a month? _____

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Roof

☐ Shingles (Asphalt / Composite)
☐ Shingles (Wood)
☐ Tiles (Clay / Concrete)
☐ Metal (Tin / Steel)
☐ Slate
☐ Tar & Gravel
☐ Other _____

Age of Roof:

_____yrs

Note: Roof must be 25 years old or newer

Exterior Walls

Brick (solid): _____%
Brick (veneer): _____%
Concrete Block: _____%
Stone (solid): _____%
Vinyl: _____%

Stone (veneer): _____%
Stucco (on block): _____%
Stucco (on frame): _____%
Wood Siding / Shakes: _____%
Other: _____ _____%

Garages

☐ Carport
☐ Attached Garage (no living space above)
☐ Built In Garage (living space above)
☐ Detached Garage

Car Capacity (# of cars that can fit)

_____

Decks / Porches

Wood Deck: _____sq ft
Composite Deck: _____sq ft
Porch: _____sq ft
Porch Screened: _____sq ft
Open Patio: _____sq ft
Patio with Roof: _____sq ft

Foundation (must add up to 100%)

Slab: _____% (no storage below)
Crawl Space: _____% (½ height of basement)
Basement: _____%
Finished Basement:_____%
Outside Entrance to Basement? ☐ Y ☐ N

Exterior Extras

of Skylights: _____
# of Bay Windows: _____
# of Picture Windows: _____
# of Bow Windows: _____

# of Sliding Glass Door: _____
# of French Doors: _____

Other item: _____
# of Other: _____

Electrical

Circuit Breakers? ☐ Y ☐ N Other: _____
# of Circuits: _____
# of Amps: _____

Date Last Updated: _____

(No aluminum wiring or knob & tube)

Detached Structures

of Pools: _____
Size of Pool: _____sq ft
Fence or Wall: _____sq ft

List all other Detached Structures: