



SELF INSURANCE

S E R V I C E S

7899 Bell Oaks Drive • Newburgh, IN 47630

Name: _____

Address: _____

Phone #: (____) _____ - _____

Date of Birth: __/__/____

SSN: _____ - _____ - _____

Home Evaluation Questionnaire

1. What year was your home built? _____

2. When did you purchase it? _____

3. What style home do you have?(please circle one)

Ranch or Rambler

Bi-Level or Raised Ranch

Tri or Split-Level

Cape Cod

Colonial

Contemporary

Craftsman

Queen Anne

Victorian

Row or Town House

Log Home

Manufactured Home

Mobile Home

4. Is your home a single family home? Yes / No

5. Total square footage? _____

6. How many bathrooms are in your home? (please circle one)

Full (tub/shower, sink, &toilet) 0 / 1 / 2 / 3 / 4 / 5

Half (sink & toilet) 0 / 1 / 2 / 3 / 4 / 5

• Please indicate the number of bathrooms that have the following special features:

Corian, Granite or Marble 0 / 1 / 2 / 3 / 4 / 5

Spa or Jacuzzi Tub

0 / 1 / 2 / 3 / 4 / 5

Double Sink

0 / 1 / 2 / 3 / 4 / 5

Bathtub and separate Shower Stall

0 / 1 / 2 / 3 / 4 / 5

7. Please select the materials that describe those found in your home. For each category indicate the percentage of each type of material used in your home.

Exterior Walls	%	Floor Finishes	%
Brick(Solid)*		Hardwood	
Brick veneer/Brick on Frame*		Carpet	
Concrete Block		Carpet over Hardwood	
Stone(Solid)*		Ceramic Tile	
Stone Veneer/Stone on Frame*		Clay Tile	
Stucco on Block		Marble/Granite/Solid Stone	
Stucco on Frame		Slate/Brick/Flagstone	
Wood Siding/Shakes		Vinyl	
Vinyl/Aluminum Siding		Other-Specify _____	
Other-Specify _____			

8. Foundation type: Basement/ Crawlspace/ or Slab? (please circle one)
9. If you have a basement is it walkout, and what % is finished? _____
10. When was the roof last replaced? _____
11. Is the primary roof material asphalt? _____ if other then please explain. _____
12. Do you have a wood deck or porch? _____ if so list approx. sq. ft. _____
13. Do you have a swimming pool? _____ if yes is it fenced in _____
14. Are there any Garages or Carports? _____
15. Is your heating system Electric or Gas? _____
16. Do you have a security system? _____ if yes is it Central, Local, or Police Dept. _____
17. Do you have any dogs? _____ if yes, list their breeds _____
18. Approximately how many feet is your home from a fire hydrant? _____
19. Please indicate the number of these additional features in your home:

Windows

Skylights 0 / 1 / 2 / 3 / 4 / 5
 Bay Windows 0 / 1 / 2 / 3 / 4 / 5
 Bow Windows 0 / 1 / 2 / 3 / 4 / 5
 Picture Windows 0 / 1 / 2 / 3 / 4 / 5

Doors & Fireplace

Atrium/French Doors 0 / 1 / 2 / 3 / 4 / 5
 Sliding Glass Doors 0 / 1 / 2 / 3 / 4 / 5
 Fireplace 0 / 1 / 2 / 3 / 4 / 5

Coverage

1. Deductible: \$500 / \$1000 / \$1500 / \$2500
2. Liability: \$100,000 / \$200,000 / \$300,000 / \$500,000
3. Personal Property amount requested \$ _____
4. Would you like to add earthquake coverage? Yes / No

Self Insurance Services, LLC
 Fax- 812.842.0316
 Phone – 812.842.2813 or 490.RATE
 Business Hours
 Monday – Friday
 9:00 – 5:00