

1134 Commerce Dr  
 Richardson, TX 75081  
 Phone No. (972) 331-6566  
 Fax No. (972) 331-6599

# Van Wagoner Companies, Inc.

## FARM/RANCH APPLICATION

Rewrite  New  Renewal

Payable:  Annual  
 Semi-Annual (over \$1,000)  
 Quarterly (over \$1,200)

Policy # \_\_\_\_\_ (If Renewal or Rewrite)  
 Applicant's Name \_\_\_\_\_  
 Address (RR# or Street) \_\_\_\_\_ Eff. Date \_\_\_\_\_  
 Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  Quote  Bound  
 Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Joint Venture \_\_\_\_\_ Estate \_\_\_\_\_  
 Owner Occupied  Tenant  Absentee Owner  Physical Address \_\_\_\_\_  
 Farm is located \_\_\_\_\_ miles \_\_\_\_\_ of \_\_\_\_\_

**(NOTE: List primary building location 1<sup>st</sup>, other building locations 2<sup>nd</sup>, other land 3<sup>rd</sup>. More than 4 attach Separate Sheet.)**

No. of Acres	Bldgs. Yes/No	Section	Township	Range	County	State	Zip Code	Class 1 to 10

**Deductibles – (Split Deductibles are available by Coverage on Farmers & Ranchers except Coverage on A & B.)**

	\$500 Ded.	\$1000 Ded.	\$2500 Ded.	\$5000 Ded.	Basic	Broad	Special	RC Roof (Cov. A only)
Cov. A & B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section I Coverages	New House Credit Requested <input type="checkbox"/>	Limit of Liability	Annual Premium
A. Dwelling (Primary)	Year Built or Remodeled _____		
Additional Dwellings (Total) (Schedule on Page 2)			
B. Unscheduled Personal Property (Household)	RC <input type="checkbox"/>		
Replacement Cost on: Carpet, Furnace & Air Conditioners <input type="checkbox"/>			
C. Loss of Use (10% of A is included in F&R Policy)			
D. Scheduled Farm Personal Property			
E. Unscheduled Farm Personal Property (Blanket) 100% Inventory			
F. Barns, Buildings & Structures (Total)			
Earthquake			
Optional Section I Coverages			
Section II Coverages	Limit of Liability		Annual Premium
G. Farm/Personal Liability – Each Occurrence			
H. Medical Payments to Others – Each Person / Each Accident	/ \$25,000		
Optional Section II Coverages			
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject such person to criminal and civil penalties.	TOTALS – Section II		
	TOTALS – Section I		
	TOTAL POLICY PREMIUM		
	% Risk Modification Credit/Debit		
TOTAL ADJUSTED POLICY PREMIUM			

Contract of Sale Clause or Mortgage Clause: (specify location or item) \_\_\_\_\_

Loss Payable Clause: (specify item) \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Code # \_\_\_\_\_ License # \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**AGENT AND APPLICANT MUST SIGN THE APPLICATION**



# FARM PERSONAL PROPERTY

## (Coverage D & E)

Coverage D Scheduled – Scheduling of all Farm Personal Property, except what is excluded in the policy conditions, is allowed.  
 Coverage E Blanket (\$25,000 minimum) – Excluding Bulk Milk Tanks, Bulk Feed Tanks, Barn Cleaners, Pasteurizers, Boilers, Portable Buildings, or other Property excluded by the policy conditions.

Check Coverages Desired:      Cov. D       Cov. E       Cov. D & E   
 Coverage Requirements:      Scheduled – 100% of ACV;      Blanket – 100% of ACV

ATV'S PROHIBITED ON COV. D OR E      TOTAL INVENTORY REQUIRED

### FARM PERSONAL PROPERTY INVENTORY

<u>MOBILE MACHINERY &amp; EQUIPMENT</u>	<u>MOBILE MACHINERY (CONT.)</u>	<u>MISCELLANEOUS EQUIPMENT</u>
<u>Year, Make, Model #, ACV</u>	<u>Description      ACV</u>	<u>Description      ACV</u>
Tractor _____	Baler _____	Post Hole Digger _____
Tractor _____	Forage Harvester _____	Log Splitter _____
Tractor _____	Silo Filler _____	Chain Saws _____
Tractor _____	Ensilage Blower _____	Power Generators _____
Combine _____	Silo Unloader _____	Milking Machines _____ <u>Schedule Only</u>
Combine _____	Packers _____	Milk Cans, Racks _____ <u>Schedule Only</u>
Attachments _____	Manure Loader _____	Milk Cooler _____ <u>Schedule Only</u>
_____	Manure Spreader _____	(not bulk) _____ <u>Schedule Only</u>
Corn Head _____	Dirt Blade _____	Milking Supplies _____ <u>Schedule Only</u>
Grain Head _____	Snow Plow/Blade _____	Feeders (All) _____
Other _____	Fertilizer Appt. _____	Waterers (All) _____
Planter _____	Sprayers _____	Heaters (All) _____
Stalk Chopper/Cutter _____	Auger Elevator _____	Farrowing Crates _____
Mulcher _____	Bale Elevator _____	Electric Motors (No Irrigation) _____
Drills, Seeders _____	Other Port. Elvtr. _____	Pumps (No Irrigation) _____
Corn Sheller _____	Wagon Hoist _____	Fuel, Oil, Grease _____
Corn Picker _____	Auger Wagons _____	Fuel Tanks _____
Cultivators _____	Ensilage Wagons _____	Electric Fencers _____
Field Cultivator _____	Gravity Wagons _____	Electric Fencers _____
Rotary Hoe _____	Other Wagons _____	Compressors _____
Discs _____	Implement Trailer _____	Fertilizer _____
Harrows _____	Hay Racks _____	Fertilizer Tanks _____
Plows _____	Feed Grinder/Mill _____	Herbicides, Sprays _____
Chisel Plow _____	Feed Mixer _____	Welders _____
Hay Rake _____	Feed Carts _____	Power Tools _____
Hay Conditioner _____	Grain Cleaner _____	Hand Tools _____
Hay Fluffer _____	Port. Grain Drier (Not Batch) _____	Tack, Stable Equip. _____
Windrower _____	Garden Tractor _____	Building Materials _____
Swather _____	Roto Tiller _____	Veterinary Supplies _____
Mowers _____	Back Hoe _____	Other _____

\$1,000 MAXIMUM PER ITEM

**TOTAL MACHINERY \$** \_\_\_\_\_

**TOTAL MISC. EQUIP. \$** \_\_\_\_\_

## FARM PERSONAL PROPERTY INVENTORY (cont.)

Animals valued over \$2,000 per head must be scheduled.

<u>LIVESTOCK</u>		<u>LIVESTOCK (cont.)</u>			<u>GRAIN, FEED, HAY &amp; SEED</u>	
<small>(Maximum coverage per animal \$2,000)</small>						
<u># Head</u>	<u>ACV</u> <u>per head</u>	<u># Head</u>	<u>ACV</u> <u>per head</u>	<u># UNITS</u>	<u>ACV</u>	
Beef Cows	_____	Ewes	_____	Corn	_____	_____
Beef Calves	_____	Lambs	_____	Soybeans	_____	_____
Beef Heifers	_____	Rams	_____	Others	_____	_____
Feeder Cattle	_____	Horses	_____	Hay *	_____	_____
Dairy Cows	_____	Ponies	_____	Straw	_____	_____
Bulls	_____		_____	Silage	_____	_____
Sows	_____		_____	Ground Feed	_____	_____
Shoats	_____		_____	Food Supplies	_____	_____
Feeder Pigs	_____		_____	Seed	_____	_____
Boars	_____	<b>TOTAL LIVESTOCK \$</b>	_____	<b>TOTAL GRAIN \$</b>	_____	_____

\*Complete Questionnaire

**TOTAL BLANKET \$** \_\_\_\_\_

If Blanket, the following property is to be excluded: \_\_\_\_\_

Peak Season Endorsement: Amount of Increase \$ \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rate \_\_\_\_\_ Premium \$ \_\_\_\_\_ Explain Reason for Increase \_\_\_\_\_

Milk Contamination Maximum \$2,500 per occurrence Yes \_\_\_\_\_ No \_\_\_\_\_

Irrigation Equipment (Schedule Only -- \$1,000 Deductible) -- If Additional Equip.-- Attach Schedule.      Loc.      Sec.      Twp.      Rge.


### ALL RISK SCHEDULED INLAND MARINE PERSONAL PROPERTY (Jewelry, Computers, etc.)

All articles to be insured on a scheduled basis must be individually itemized with the amount of insurance applying to each article. Attach APPRAISAL or Bill of Sale Appraisal or state how values were substantiated. -- Or attach separate list of items.

	DESCRIPTION OF ARTICLE				AMOUNT OF INSURANCE

COVERAGE FOR LIVE ANIMALS IN TRANSIT -- Complete Supplemental Application -- Max. Cov. \$2,000 per animal, \$20,000 per load - \$1.50 per hundred.

MOTOR TRUCK CARGO COVERAGE -- Complete Supplemental Application -- Max. Cov. \$25,000 - \$2.50 per hundred.

## COVERAGE G – SECTION II – LIABILITY

BASIC LIABILITY CHARGE: Total Acres \_\_\_\_\_ Single Limits \_\_\_\_\_ Med. Pmts. \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional set farm buildings with dwelling, location \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional set farm buildings without dwellings, location \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional residence maintained by insured, # \_\_\_\_\_, location(s) \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional residences rented to others, # \_\_\_\_\_, location(s) \_\_\_\_\_ \$ \_\_\_\_\_  
 Custom Farming. Total Annual Receipts \_\_\_\_\_ What type? \_\_\_\_\_ \$ \_\_\_\_\_  
 Custom application of herbicides or chemicals. Yes \_\_\_\_\_ No \_\_\_\_\_ (No Binding)  
 Employers Liability & Medical Payments. (Not available if applicant eligible for Workers Comp.) (Not avail. in CA or CO)  
 No. of part-time employees \_\_\_\_\_ Total days per yr: Under 40  Over 40   
 No. of full-time employees \_\_\_\_\_ STOP GAP (Nevada) (Washington) \$ \_\_\_\_\_

### COMPLETE EMPLOYERS LIABILITY QUESTIONNAIRE

Additional Insured Endorsement: Non-Comprehensive \_\_\_\_\_  
 Name of Individual: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 What interest(s) to be covered \_\_\_\_\_ \$ \_\_\_\_\_  
 Name of Individual: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 What interest(s) to be covered \_\_\_\_\_ \$ \_\_\_\_\_  
 Partnership: Name and Address of Partners: \_\_\_\_\_  
 Name and Address of Partners: \_\_\_\_\_  
 Name and Address of Partners: \_\_\_\_\_  
 Name and Address of Partners: \_\_\_\_\_  
 Family Corp. Yes \_\_\_\_\_ No \_\_\_\_\_ Names and address of each member, percent owned and titles.  
 (Is each member engaged in the farming operation?) \_\_\_\_\_ \$ \_\_\_\_\_  
 Snowmobiles \_\_\_\_\_ Describe each unit by Make, Model and Serial No. \_\_\_\_\_ \$ \_\_\_\_\_  
 ATV \_\_\_\_\_ Describe each unit by Make, Model and Serial No. \_\_\_\_\_ \$ \_\_\_\_\_  
 Outboard Motors \_\_\_\_\_ (25 H.P. or less no charge) List ea. unit by Make, Model and H.P. \_\_\_\_\_ \$ \_\_\_\_\_  
 Inboard Motors \_\_\_\_\_ MPH \_\_\_\_\_ \$ \_\_\_\_\_  
 Medical Payments – Person Named: (Only available in AZ, DE, IA, MN, MO, NE, OH, PA, WA, WY)  
 Ages 10-70 Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ \$ \_\_\_\_\_  
 Maximum Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ \$ \_\_\_\_\_  
 Limit Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ \$ \_\_\_\_\_  
 \$1,000 Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ \$ \_\_\_\_\_  
 Type of Business Pursuits \_\_\_\_\_ Incidental Business Receipts \_\_\_\_\_ \$ \_\_\_\_\_  
 Animal Collision - # of head \_\_\_\_\_ \$ \_\_\_\_\_  
 Increased limits for borrowed or rented equipment, (amount over \$25,000) minimum of 6 months Cov. \_\_\_\_\_ \$ \_\_\_\_\_  
 Hunting and Fishing total annual receipts \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging and meals provided? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_  
 Fire Legal Liability in excess of \$50,000? \$ \_\_\_\_\_ \$ \_\_\_\_\_

COVERAGE FOR EQUINE LIABILITY AVAILABLE.  
 MUST COMPLETE SUPPLEMENTAL EQUINE LIABILITY APPLICATION.  
 EQUINE LIABILITY INCLUDES ANY BOARDING, BREEDING, TRAINING,  
 SALES AND SHOWS OF OWNED AND NON-OWNED HORSES.

DESIRE CARE, CUSTODY AND CONTROL POLICY FOR NON-OWNED HORSES?  
 COMPLETE SUPPLEMENTAL APPLICATION.

IS COMMERCIAL EXCESS LIABILITY DESIRED?  
 MUST COMPLETE EXCESS APPLICATION. CANNOT BE BOUND  
 LIMITS AVAILABLE ARE \$1,000,000, \$2,000,000 OR \$3,000,000.

## PLEASE ANSWER THE FOLLOWING

What are the principal products of the farm? \_\_\_\_\_ Has this changed in the past 3 years? Yes  No

Is any business other than farming conducted on the premises? (Explain) \_\_\_\_\_

Does insured have another occupation besides farming? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Does anyone other than the owner or insured have an interest in the property? If yes, list names and interest: \_\_\_\_\_

If tenant, does American Reliable Insurance have coverage for owner? \_\_\_\_\_ If yes, give policy number: \_\_\_\_\_

(If leased land, leasee must provide proof of insurance.)

If absentee owner, does American Reliable Insurance have coverage for tenant? \_\_\_\_\_ If yes, give policy number: \_\_\_\_\_

Is there other property or liability insurance on this farm? \_\_\_\_\_ If yes, give name of company and explain what is covered: \_\_\_\_\_

Has the insured been cancelled or refused renewal in last 5 years? (Not applicable in Missouri.) If yes, explain: \_\_\_\_\_

Describe and list amounts of all losses during past 3 years: \_\_\_\_\_

Repaired?  Yes  No Have these losses been verified?  Yes  No

Name of previous carrier \_\_\_\_\_ Policy # of previous carrier: \_\_\_\_\_

If no prior carrier explain: \_\_\_\_\_

Has this account been written by your agency previously? \_\_\_\_\_ How long? \_\_\_\_\_ Time you have known insured? \_\_\_\_\_

Is there an airplane landing strip on your premises? \_\_\_\_\_ Is it filed with the FAA? \_\_\_\_\_

Are all insured buildings being utilized for the purpose intended? \_\_\_\_\_

Are any buildings in need of repair? \_\_\_\_\_ Explain \_\_\_\_\_

Does Roof Exclusion apply? \_\_\_\_\_ To what building(s)? \_\_\_\_\_

Are all dwellings occupied full-time? \_\_\_\_\_ If not, explain exceptions: \_\_\_\_\_

Are mobile homes to be covered? \_\_\_\_\_ If yes, complete a mobile home application. Give year of mobile home: \_\_\_\_\_

Are there any lakes, ponds, swimming pools, or other recreational facilities situated on any insured location? \_\_\_\_\_

If yes, is it open to public? \_\_\_\_\_

Are swimming pools completely fenced in (attach photo)? \_\_\_\_\_ Are there any diving boards? \_\_\_\_\_ Are there any trampolines? \_\_\_\_\_

Are any confinement buildings being insured? \_\_\_\_\_ If yes, attach completed confinement questionnaire.

Does applicant have horses? \_\_\_\_\_ Used for? \_\_\_\_\_ **If yes, attach EQUINE application.**

Is there boarding or off-premises exposures?  Yes  No If pleasure, give use \_\_\_\_\_

Does applicant have dogs? \_\_\_\_\_ # and Breed \_\_\_\_\_

Does applicant have exotic animals on premises? \_\_\_\_\_ Explain: \_\_\_\_\_

What fire protection equipment is employed in buildings or major machinery? \_\_\_\_\_

Are there Beauty Shop/Tanning business or Babysitting on property? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Are all livestock areas fenced? Condition of fences? \_\_\_\_\_ Type of fences? \_\_\_\_\_

Are there any fuel tanks or wood stoves located inside outbuildings? \_\_\_\_\_ If yes, attach completed wood stove application and picture.

Are any wood burning stoves or devices used in dwelling(s)? \_\_\_\_\_ If yes, attach completed wood stove application and picture.

Primary source of heat?  Yes  No (if yes, do not bind) Including Fireplaces

**MINE SUBSIDENCE:**

If Illinois, Indiana, Kentucky, West Virginia or Ohio risk, is Mine Subsidence Coverage desired? \_\_\_\_\_ If yes, what items? \_\_\_\_\_

**If Mine Subsidence Coverage is not desired, Insured must waive in writing:**

I do not desire Mine Subsidence Coverage. \_\_\_\_\_

Insured Signature

Date

**TERRORISM COVERAGE DESIRED: Yes  No**

(See Attached Disclosure)

Insured Signature

Date

**RESIDENTIAL COST ESTIMATING FORM**

Property owner \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Property Location \_\_\_\_\_ CITY \_\_\_\_\_  
 COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ Zip Code \_\_\_\_\_

**GENERAL INFORMATION**

Number of Stories 1 \_\_\_ 1-1/2 \_\_\_ 2 \_\_\_ 2-1/2 \_\_\_ Bi-Level \_\_\_  
 Exterior Wall Category I \_\_\_ II \_\_\_ III \_\_\_  
 Structure: Slab on ground \_\_\_ Crawl Space \_\_\_ Basement \_\_\_  
 Occupancy: Single-family \_\_\_ 2 Family \_\_\_ 3 Family \_\_\_ 4 Family \_\_\_

Residence Ground Floor Area: \_\_\_\_\_ Sq. Ft. TOTAL SQ. FT. \_\_\_\_\_

BASE RESIDENCE COST ----- \$ \_\_\_\_\_  
 SUBSTRUCTURE & OCCUPANCY ADJUSTMENT + OR - \$ \_\_\_\_\_  
 ADJUSTED BASE RESIDENCE COST ----- \$ \_\_\_\_\_

**CHECK OFF EACH ADDITIONAL FEATURE APPLICABLE**

ROOF ADJUSTMENT \$ \_\_\_\_\_  
 Unfinished lower level &/or 1/2 story \$ \_\_\_\_\_  
 FINISHED ATTIC \$ \_\_\_\_\_  
 FINISHED BASEMENT \$ \_\_\_\_\_  
 BREEZEWAYS: OPEN \_\_\_ CLOSED \_\_\_ \$ \_\_\_\_\_  
 PORCHES: Open \_\_\_ Enclosed \_\_\_ \$ \_\_\_\_\_  
 1 story \_\_\_ 1 story w/deck \_\_\_ 2 story \_\_\_ \$ \_\_\_\_\_  
 SCREENED ALUM. ENCLOSURE: SQ.FT. \_\_\_\_\_  
 on Slab \_\_\_ on Post \_\_\_ on 4" footer \_\_\_ \$ \_\_\_\_\_  
 BALCONIES \$ \_\_\_\_\_  
 DECKS: wood \_\_\_ cement \_\_\_ tile/sand \_\_\_ \$ \_\_\_\_\_  
 NO. FIREPLACES: HEARTHES \_\_\_ CHIMNEYS \$ \_\_\_\_\_  
 (Do NOT include the first full bath in the following)  
 NO. EXTRA BATHS: FULL \_\_\_ HALF \_\_\_ 3/4 \_\_\_ \$ \_\_\_\_\_  
 GARAGES: 1,2,3,4,5 Car Frame \_\_\_ Masonry \_\_\_  
 Built in \_\_\_ Attached \_\_\_ Detached \_\_\_  
 W/Basement \_\_\_ Carport w/storage \_\_\_ \$ \_\_\_\_\_  
 AIR CONDITIONING:  
 Using Heating Ducts \_\_\_ Heat Pump \_\_\_  
 Using Separate Ducts \_\_\_ Evap. Cooling \_\_\_ \$ \_\_\_\_\_

**FILL OUT  
 PAGE 1 & 2  
 COMPLETELY.**

TOTAL ADJUSTED FEATURES ----- \$ \_\_\_\_\_  
 TOTAL PAGE 2 BUILT-INS ----- \$ \_\_\_\_\_  
 TOTAL ADJUSTED BASE RESIDENCE COST- \$ \_\_\_\_\_  
 X CLASS LOCATION MULTIPLIER \_\_\_\_\_

TOTAL RCV ----- \$ \_\_\_\_\_

CLASS OF CONSTRUCTION: A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_  
 AA \_\_\_ BB \_\_\_ CC \_\_\_ DD \_\_\_

RESIDENTIAL COST ESTIMATOR CONTINUED

INSURED \_\_\_\_\_ POLICY NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

DWELLING: YEAR BUILT \_\_\_\_\_ CONST. BV FR ASB ST BR OTHER \_\_\_\_\_

FOUNDATION: SLAB \_\_\_\_\_ PIER & BEAM \_\_\_\_\_ OTHER \_\_\_\_\_

ROOF CONST: WOOD SHAKES FIBERGLASS TAR & GRAVEL CLAY ROCK  
 WOOD SHINGLE OTHER \_\_\_\_\_  
 NO. LAYERS \_\_\_\_\_ AGE \_\_\_\_\_

DIMENSIONS FOR ALL PAGE ONE FEATURES:

FINISHED ATTIC SQ.FT. \_\_\_\_\_  
 FINISHED BASEMENT SQ.FT. \_\_\_\_\_  
 BREEZEWAYS SQ.FT. #1 \_\_\_\_\_, #2 \_\_\_\_\_, #3 \_\_\_\_\_  
 PORCHES SQ.FT. #1 \_\_\_\_\_, #2 \_\_\_\_\_, #3 \_\_\_\_\_  
 BALCONIES SQ.FT. #1 \_\_\_\_\_, #2 \_\_\_\_\_, #3 \_\_\_\_\_  
 DECKS SQ.FT. #1 \_\_\_\_\_, #2 \_\_\_\_\_, #3 \_\_\_\_\_  
 GARAGES SQ.FT. #1 \_\_\_\_\_, #2 \_\_\_\_\_, #3 \_\_\_\_\_

FIREPLACES: Indicate Number of EACH of the following.  
 HEARTH: masonry \_\_\_\_\_ wood \_\_\_\_\_ GAS JET \_\_\_\_\_  
 PREFAB \_\_\_\_\_ STYLE: economy \_\_\_\_\_ average \_\_\_\_\_ deluxe \_\_\_\_\_

CHECK ALL BUILT INS:

- |  |  |
|--|--|
| <input type="checkbox"/> A/C through the wall          | <input type="checkbox"/> Air Exchanger               |
| <input type="checkbox"/> Air Humidifier                | <input type="checkbox"/> Bathroom Heater             |
| <input type="checkbox"/> Ceiling Fan/s # _____         | <input type="checkbox"/> Central Vacuum System       |
| <input type="checkbox"/> Counter Top Range             | <input type="checkbox"/> Dishwasher                  |
| <input type="checkbox"/> Solar Hot Water Heater.       | <input type="checkbox"/> Elevator                    |
| <input type="checkbox"/> Garage Door Opener            | <input type="checkbox"/> Garbage Disposal            |
| <input type="checkbox"/> Hot Tub/NOT Jetted Tub        | <input type="checkbox"/> Intercom System             |
| <input type="checkbox"/> Interior Sprinkler System     | <input type="checkbox"/> Jetted Tub                  |
| <input type="checkbox"/> Microwave-Built In            | <input type="checkbox"/> Oven-built In               |
| <input type="checkbox"/> Prefabricated Fireplace Inset | <input type="checkbox"/> Range Hood                  |
| <input type="checkbox"/> Refrigerator-Built In         | <input type="checkbox"/> Roof Exhaust Fan            |
| <input type="checkbox"/> Sauna                         | <input type="checkbox"/> Security & Fire Alarm Syst. |
| <input type="checkbox"/> Sprinkling sys/Inside         | <input type="checkbox"/> Skylights # _____           |
| <input type="checkbox"/> Smoke Alarms # _____          | <input type="checkbox"/> Trash Compactor-Built In    |
| <input type="checkbox"/> Video Door System             | <input type="checkbox"/> Water Softener              |
| <input type="checkbox"/> Wet Bar                       | <input type="checkbox"/> Whole House Fan (Attic Fan) |
| <input type="checkbox"/> Wood Burning Stove            |  |