



309 Main St, Winkler MB

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### Homeowner Spec Sheet

Name: _____ Birthday: mm/dd/yyyy _____ Email: _____ Phone number: _____	Name: _____ Birthday: mm/dd/yyyy _____ Email: _____ Phone number: _____
Physical Address: _____ _____ _____	Mailing Address: _____ _____ _____
Possession Date: _____	Occupancy Owner <input type="radio"/> Tenant <input type="radio"/> Immediate Family <input type="radio"/> Vacant <input type="radio"/> Under Construction <input type="radio"/>
Mortgagee: _____	

### Construction

Year Built: _____	Living Area: _____ sq. ft	Wood Frame <input type="radio"/> Fire Resistive <input type="radio"/> Other: _____	
<u>Architecture Style</u>	Bi-Level <input type="radio"/>	Bungalow, 1 Storey <input type="radio"/>	Cape, 1 1/2 Storey <input type="radio"/>
Contemporary, 2 Storey <input type="radio"/>	Log <input type="radio"/>	Semi-Detached <input type="radio"/>	Split-Level <input type="radio"/>
Townhouse <input type="radio"/>			
<u>No. of Bathrooms</u>	Full: _____	3/4: _____	1/2: _____
<u>Basement</u>		Finished Area: _____ sq. ft	Unfinished Area: _____ sq. ft
<u>Ext. Covering</u> (ex. vinyl siding/stucco) _____		<u>Roofing Material</u> (ex. Asphalt shingles/tin) _____	
<u>Garage</u>		Attached <input type="radio"/>	Detached <input type="radio"/>
1 Car <input type="radio"/>		2 Car <input type="radio"/>	
3 Car <input type="radio"/>		_____ sq. ft	
<u>Deck</u>		Style (uncovered/covered/solarium) _____	
Material _____		_____ sq. ft	
<u>Plumbing</u>		<u>Electrical</u>	
Material: _____		Copper <input type="radio"/>	
Year: _____		Aluminum <input type="radio"/>	
<u>Sump Pump</u>		Knob & Tube <input type="radio"/>	
Yes <input type="radio"/>		Year: _____	
No <input type="radio"/>		60 amp <input type="radio"/>	
Submersible <input type="radio"/>		100 amp <input type="radio"/>	
Pedestal <input type="radio"/>		200 amp <input type="radio"/>	
<u>Backwater Valve</u>		Breakers <input type="radio"/>	
Yes <input type="radio"/>		Fuses <input type="radio"/>	
No <input type="radio"/>		Other: _____	
<u>Downspouts</u> extended _____ ft from home		Year _____	

### History

Prior Home Insurance					
Insurance Company	Policy Number	Effective Date	End Date	Reason for Ending	If terminated by insurer, reason

  

Claims History					
Date of Loss	Cause of Loss	Status	Amount Paid	Insurance Company	Policy Number