



HMS Insurance Associates, Inc.

P.O. Box 1427

Brooklandville, MD 21022

Phone No: 410-337-9755 Fax No: 410-337-0551

Homeowner's Replacement Cost Estimate

Name of Insured: _____

Location Address: _____

Email Address (not required): _____

1) Water Pipes Replaced? _____ Date: _____
Partially or Completely? _____
Pipe Material: Copper, Galvanized or Plastic? _____

2) Home Rewired? _____ Date: _____
Partially or Completely? _____
Fuse Box or Circuit Breaker? _____ # of Amps _____

3) Furnace Replaced? _____ Date: _____
Heating System: Forced Air _____ Hot Water _____ Steam _____
Other (specify) _____
Fuel Type: Oil _____ Gas _____ Other (specify) _____

4) Roof Replaced? _____ Date: _____
Partially or Completely? _____
Material: Asphalt Shingle _____ Slate _____ Wood _____
Other (specify) _____

5) Number of Stories: _____

6) Ground Floor Area: _____ Sq. Ft.

7) Basement: _____ Finished _____ Sq. Ft.

8) Slab: _____ Sq. Ft. _____

9) Fireplace? _____ Number of Chimneys _____ Number of Hearths _____

10) Balcony or Deck? _____ Sq. Ft. _____

11) Addition Type: _____ Sq. Ft. _____

12) Garage Type: Attached _____ Detached _____ # of Cars _____

13) Extra Baths: Full _____ Half _____

14) Porch, Stoop or Breezeway: _____ Sq. Ft. _____

15) Finished Attic: _____ Sq. Ft. _____

16) Flooring: %Carpet _____ %Hardwood _____
%Vinyl _____ %Tile _____

PLEASE ATTACH AN UPDATED PHOTO OF THE DWELLING