

North Star Mutual Insurance Company

Residential Reconstruction Cost Worksheet

* Location Zip Code: _____ Insured _____

Property

* Year Built: _____ (If Standard is used on pre-1940 homes, current materials and methods will be used.)

* Predominant Style: _____ (1, 1½, 2, 2½, or 3 Story, Bi-level, Tri-level, etc.)

* Total Living Area: _____ Dimensions: _____

(Multiply main floor area by the number of stories, Bi-level x2 and Tri-level x1½.)

(Include built-in garages; do not include basements, attached garages and wing additions.)

Foundation Type:

% Slab _____ % Crawl Space _____ % Basement _____ Daylight (Walkout) Yes / No % Finished _____

Wing (Addition) #1 Year Built: _____ Predominant Style: _____ Total Living Area: _____

% Slab _____ % Crawl Space _____ % Basement _____ Daylight (Walkout) Yes / No % Finished _____

Wing (Addition) #2 Year Built: _____ Predominant Style: _____ Total Living Area: _____

% Slab _____ % Crawl Space _____ % Basement _____ Daylight (Walkout) Yes / No % Finished _____

Special Conditions: Shape: Square / Rectangular / Irregular / Very Irregular

Wall Height: 8 foot _____% 9 foot _____% 10 foot _____%

Framing: 2x4 _____% 2x6 _____% Steel _____% Post & Beam _____%

Foundation: Stone _____% Brick _____% Concrete _____% Block/Wood _____%

Exterior

Exterior Wall Material: 1. _____ / _____% 2. _____ / _____% 3. _____ / _____%

(Wood/aluminum/vinyl siding, brick/brick veneer, stucco on frame/masonry, etc. Indicate type and % of wall area.)

Roofing Material: 1. _____ / _____% 2. _____ / _____% 3. _____ / _____%

(Asphalt shingles, wood shingles, built-up, metal, tile, etc.)

Attached Structures:

Garage: (count) _____ number of cars _____ attached / built-in

Carport: (count) _____ number of cars _____

Porch: dimensions _____ sq ft _____ open / enclosed / screened

Breezeway: dimensions _____ sq ft _____ open / enclosed / screened

Deck: dimensions _____ sq ft _____

Special Items: (count)

Windows: Picture _____ Bay/Bow _____ Stained Glass _____

Doors: Atrium Doors _____ Sliding Glass Doors _____ Skylight _____

Interior

Ceilings/Walls: Drywall _____% Plaster _____% Other _____ / _____%

Wall Coverings: Paint _____% Wallpaper _____% Other _____ / _____%

Flooring: Hardwood _____% Carpet _____% Ceramic Tile _____%

Laminate _____% Vinyl _____% Other _____ / _____%

Interior Items:

Kitchens: (count) _____ Basic / Builders Grade / Custom / Designers

Baths: Full (count) _____ Basic / Builders Grade / Custom / Designers

Half (count) _____ Basic / Builders Grade / Custom / Designers

Fireplaces: (count) Single _____ Double _____ Gas Fireplace(count) _____

Wood Stoves: (count) _____ Hot Tub/Jacuzzi (count) _____ French Doors (count) _____

Wet Bar: (count) _____ Spiral Staircase (count) _____ Finished Attic (SF) _____

HVAC:

Heating Type: Electric / Gas / Oil Hot Air / Hot water

Central Air Conditioning Yes / No Same ducts / Separate ducts

Miscellaneous Systems:

Interior Sprinklers _____% Central Burglar Alarm _____% Central Vacuum _____%

Intercom System _____% Central Fire Alarm _____% Central Stereo _____%

* Required Items **HELP IS AVAILABLE FOR ANY ITEM BY PRESSING F1**

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