

## DWELLING COVERAGE FORM

Please use a separate coverage form for each location with dwellings to be insured.

Location 911 address		Street:							
City:		County:		State:		Zip:			
Deductible: \$500	\$1,000	\$2,500	Other						
Miles from Fire Department?		Name of Responding Fire Dept.							
Is there another water source(pool, lake, etc), if so, what and distance to dwelling?									
Location #	# of Acres	Main Dwelling				Other Dwelling			
Bldg # on Diagram									
Is this your primary residence		YES	NO			YES	NO		
Is this a secondary residence for you		YES	NO			YES	NO		
Is the dwelling within the city limits		YES	NO			YES	NO		
Protection Class									
Distance from Fire Hydrant									
Building Class		refer to Countrywide Rules							
A. Dwelling Limit of Insurance		\$		\$					
B. Appurtenant Structures		\$		\$					
C. Household Contents		\$		\$					
D. Loss of Use		\$		\$					
Covered Cause of Loss		Basic		Broad		Basic		Broad	
		Special				Special			
		Special Dwlg/Broad Contents				Special Dwlg/Broad Contents			
Replacement Cost/Contents		YES	NO			YES	NO		
Loss Settlement Building *		RC	ACV	ERC			RC	ACV	ERC
Earthquake Coverage		YES	NO			YES	NO		
Who occupies the dwelling		Owner		Tenant		Owner		Tenant	
		Other		Caretaker/employee		Other		Caretaker/employee	
Occupancy Full Time or Part Time									
# of Families									
Year Built									
Square Feet									
Type of Construction									
Mobile or Modular Building									
Roof: Age									
Type									
Heat: Type of Heat									
Age									
Wood Stove, if yes need questionnaire		YES	NO			YES	NO		
Central Air Conditioning		YES	NO			YES	NO		
Smoke Alarm		YES	NO			YES	NO		
Burglar Alarm: Local		YES	NO			YES	NO		
(attach certificate) Central Station		YES	NO			YES	NO		
Fire Alarm Local		YES	NO			YES	NO		
(attach certificate) Central Station		YES	NO			YES	NO		
Lightning Rods		YES	NO			YES	NO		
Fire Extinguishers		YES	NO			YES	NO		
Sprinkler System/Certificate/Maint. Contract		YES	NO			YES	NO		
Renovation Update:		Wiring: _____ Year: _____		Wiring: _____ Year: _____		Wiring: _____ Year: _____		Wiring: _____ Year: _____	
Year of update needed for bldgs		Heating: _____ Year: _____		Heating: _____ Year: _____		Heating: _____ Year: _____		Heating: _____ Year: _____	
over 20 years		Plumbing: _____ Year: _____		Plumbing: _____ Year: _____		Plumbing: _____ Year: _____		Plumbing: _____ Year: _____	
		Roof: _____ Year: _____		Roof: _____ Year: _____		Roof: _____ Year: _____		Roof: _____ Year: _____	

Type of Construction: Frame, Masonry, Steel Frame, Pole, Mobile Home/Mobile Building. Type of Roof: Asphalt/Fiberglass, Metal, Tile, Cedar. Loss Settlement: RC= Replacement Cost, ACV= Actual Cash Value, ERC=Extended Replacement Cost (\*requires Cost Estimator)