

Residential Request for Information

Name: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____

Property Address: _____

Roll Number: _____

Contact Information

Daytime Phone No. : _____

Email: _____

Property Details

1. Describe the roofing material of the property:

- Asphalt shingle roof
- Shake roof
- Clay tile roof
- Other _____

2. Which of the following does the property have? Check all that apply:

- | | |
|---------------------------------------------------|------------|
| | Dimensions |
| <input type="checkbox"/> Open (uncovered) deck | _____ |
| <input type="checkbox"/> Covered deck | _____ |
| <input type="checkbox"/> Enclosed deck/sunroom | _____ |
| <input type="checkbox"/> Solarium | _____ |
| <input type="checkbox"/> Balcony | _____ |
| <input type="checkbox"/> Shed (Year Built: _____) | _____ |

3. Describe the car storage structure:

- | | | | |
|--------------------------------------------|--------------------------|--------------------------|--------------------------|
| | Attached | Detached | Heated |
| <input type="checkbox"/> No carport/garage | | | |
| <input type="checkbox"/> Garage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Second garage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Carport | <input type="checkbox"/> | <input type="checkbox"/> | |

4. Does your home contain any of the following?

- Central air conditioning
- Sauna
- Secondary suite
- Indoor hot tub
- Home theatre room
- Outdoor built-in hot tub
- Walk out basement
- Other _____

5. Which best describes the kitchen cabinets:

- | | | |
|--------------------------------------|--------------------------|--------------------------|
| | Solid | Veneer |
| Hardwood (e.g. oak, maple) | <input type="checkbox"/> | <input type="checkbox"/> |
| Melamine (white) | | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | | |

6. Which best describes the kitchen countertops:

- Laminate/arborite or similar (usually has visible seams)
- Granite, marble or similar material (stone look, usually has no visible seams)
- Other _____

7. Indicate number of and type of fireplace:

- | | | | | |
|-------------|-------|--------------------------|--------------------------|--------------------------|
| | # | Main | Upper | Bsmt/Lower |
| Gas | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wood/Pellet | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Does your home have in floor heating? Check all that apply

- Main Floor
- Upper Floor
- Basement
- Bathrooms Only
- Garage
- Other _____

9. Describe flooring materials (excluding the basement):

Flooring Type	% of Coverage	Example
Carpet		30%
Linoleum		
Hardwood		
Ceramic stone/Tile		50%
Laminate		20%
Other _____		
	Total = 100%	100%

10. Indicate number of plumbing (fixtures):

Location:	Sink(s)	Toilet	Tub/Shower Combo	Shower Stall	Separate Tub	Separate Jetted Tub	Jetted Tub Shower Combo
Main (M)							
Upper (U)							
Basement (B)							
<i>Example</i>							
Location: <u>U</u>	# <u>2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 st Bathroom	# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location _____							
2 nd Bathroom	# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location _____							
3 rd Bathroom	# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location _____							
4 th Bathroom	# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location _____							

11. Is there any **Basement Development**: Yes (If yes, please include BASEMENT DETAILS ONLY below)
 No (Undeveloped)

Room	#	Flooring	Wall (e.g.: Panelling/Drywall)	Ceiling (e.g. Drywall/T-Bar)	Additional Comments
Bedrooms					
Office					
Home Theatre					
Kitchenette					
Storage					
Bathrooms					
Rec/Living Room					
Laundry Room					
Furnace Room					

RENOVATIONS/UPGRADES TO YOUR HOME

12. For each category indicate if **original or the year renovated**. Add comments for further clarification.

Category	Original OR Year Renovated	% Renovated	Additional Comments
<i>Example (Flooring)</i>	<i>2014</i>	<i>30%</i>	<i>Tile – kitchen and bathrooms</i>
Roof Finish			
Windows			
Exterior Doors			
Exterior finish (e.g. Siding, Soffits, Eaves)			
Kitchen Cabinets			
Kitchen Counters			
Bathrooms			
Interior Doors			
Flooring			
Interior paint, baseboards			
Furnace			
Electrical Upgrades (e.g. Fixtures, Panel/Wiring)			
Plumbing Upgrades			

13. Are there **structural additions** to home?

Yes (If yes, please include details below) No

Please provide a description of each addition **year built, size, and dimensions**. Add comments for further clarification.

Structural Additions (e.g. Any Room Additions)	Year Built	Sq. ft.	Dimensions	Additional Comments

15. All the information provided is true and accurate to the best of my knowledge.

Signature

Date