

# Citizens Property Insurance Corporation

## Minimum Requirements for Non-licensed Personal Residential Inspections/Valuations

### Certification

Name of the firm or key personnel completing the inspection/valuation: \_\_\_\_\_

I, \_\_\_\_\_, certify that I, or the entity listed above, have/has at least three years experience in the field of homeowner's property inspections and valuations.

Date \_\_\_\_\_ Position \_\_\_\_\_

### Property

Property Owner's Name \_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

### Valuation Requirements

Inspections must include an estimate of the replacement cost for every structure to be covered.

- The method used to determine the cost of rebuilding the structures must be the **current version** of the calculation system:
  - Marshall & Swift / Boeckh (MSB). NOTE: If the dwelling is larger than 4,000 square feet or over \$500,000 in value the High Value version of this tool must be used, or
  - **e2Value (RS Means)**
- Inspections must also include clear photographs of any building and ancillary structure the applicant/ policyholder wishes to insure:
  - Main dwelling
  - Pools
  - Docks, etc
- Photographs of any existing damage must also be included.

### Valuation Information

Year of construction \_\_\_\_\_ Number of families \_\_\_\_\_

If town or row house, number of units within a fire wall \_\_\_\_\_

Exterior wall construction type \_\_\_\_\_

Roof shape \_\_\_\_\_

Roof covering and condition \_\_\_\_\_

List all other structures on the property:  
\_\_\_\_\_

Is there a pool or spa on premises?

Yes No

If Yes, is the pool or spa fenced or enclosed?

Yes No

Identify the type and height of any fence: \_\_\_\_\_

What is the distance to the nearest named body of water, if applicable? \_\_\_\_\_

Draw a diagram of the dwelling on a separate page and include the following details:

- The total square footage of the home
- The number and type of interior rooms
- Specify the heated and unheated portions

### **General Comments**

What is the overall condition of the premises?

Excellent Good Fair Poor

Are there any property hazards, i.e. overhanging tree limbs?

Yes No

Are there any liability hazards, i.e. trampolines or vicious dogs?

Yes No

Please describe any special hazards and/or deficiencies that may exist for any building on the property. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interview**

Please interview the applicant/insured and document his/her answers to the following questions:

Occupancy type:

Owner    Tenant    Vacant    Other (explain) \_\_\_\_\_

Is there a business on premises?

Yes    No

If Yes, please describe the type of business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_