

Please **COMPLETE BOTH SIDES** for the **Location Address** printed below and return it in the enclosed postage-paid envelope within the next 5 days. This survey can also be completed at www.msbrief.com (User ID and Password provided on the cover letter).

GeoVera Insurance Company—Residential Earthquake Policy Review

Classification Line*****AUTO MIXED John Smith 123 4th Street Anywhere, NJ 08648 USPS Sorting Barcode	Policy #: 7654321 Location Address: 125 27th Street Somewhere, MA 72543 Your Insurance Co.
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TES ID: **1234567**

1. In what year was your home built? **1985** Please check if no change

Main Home Yes No
 Wing (if present) If yes, enter the year the home was rebuilt to the left.

2. Is your home: **Single Family** One Family Two Family Three Family Four Family

3. Total Living Area, excluding basement and attic: **2500** Please check if no change

Main Home
 Wing (if present)

If you need assistance calculating your Total Living Area, please see the Helpful Hints on the back of the cover letter or call 1-800-767-7205 for assistance.

4. Is your home a Condo or Mobile Home? Yes Condo Yes Mobile No

5. Please mark an X in the box that corresponds to the style that **most resembles** your home. **2 Story** Please check if no change

 <input type="checkbox"/> 1 Story	 <input type="checkbox"/> 2 Story <input type="checkbox"/> 3 Story	 <input type="checkbox"/> Victorian	 <input type="checkbox"/> Split-Level <input type="checkbox"/> Tri-Level <input type="checkbox"/> Back Split	 <input type="checkbox"/> Bi-Level
 <input type="checkbox"/> 1.5 Story <input type="checkbox"/> 2.5 Story	 <input type="checkbox"/> Adobe	<input type="checkbox"/> Town House - End Unit <input type="checkbox"/> Town House - Center Unit	Contemporary - Please indicate number of stories: <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3	

6. Do you have a garage or carport? **Yes** Please check if no change Yes No

If yes, please indicate the type and size (in terms of maximum number of cars).

 <input type="checkbox"/> An Attached Garage (<u>no</u> living space above)	 <input type="checkbox"/> A Built-In Garage (living space above)	 <input type="checkbox"/> A Carport	 <input type="checkbox"/> A Basement Garage	 <input type="checkbox"/> Detached Garage
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Cars:	1	2	3	4	5	2	1	2	3	1	2	3	1	2	3	4	

7. Foundation Type: (Must add up to 100%) Please check if no change

Slab	100	0 10 20 30 40 50 60 70 80 90 100 %
Basement		0 10 20 30 40 50 60 70 80 90 100 %
Crawl Space		0 10 20 30 40 50 60 70 80 90 100 %
Piers		0 10 20 30 40 50 60 70 80 90 100 %
Hillside / Stilts		0 10 20 30 40 50 60 70 80 90 100 %

8. If you have a basement: Please check if no change

- Is it a walkout / daylight? Yes No

- What percentage is finished? 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 %

- If finished, finish style: Standard Custom

9. Slope of the land your house is built on:

Flat Minimal Moderate

Steep Very Steep (More than 45 degrees)

10. Please select the materials that describe those found in your home. For each category indicate the percentage of each type of material used in your home. Please ensure each column adds to 100%. If your home contains a material not listed, please specify the material type that most closely resembles your home.

Exterior Walls <input type="checkbox"/> Please check if no change	%	Floor Finishes <input type="checkbox"/> Please check if no change	%
Adobe		Wall to Wall Carpet	50
Brick (Solid)		Carpet over Hardwood	
Brick Veneer / Brick on Frame	25	Ceramic Tile	10
Concrete Block		Hardwood	30
Stone (Solid)		Marble / Granite / Solid Stone	
Stone Veneer / Stone on Frame		Parquet	
Stucco on Block		Pergo / Wood Laminate	
Stucco on Frame		Slate / Brick / Flagstone	
Wood or Composite Siding / Shakes		Vinyl / Linoleum	10
Vinyl / Aluminum Siding	75		
Cement Fiber / Asbestos Shingles			
Cement Fiber / Asbestos Siding			
Log Siding			

11. Please select the materials that describe those found in your home.

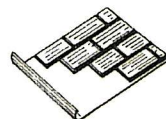
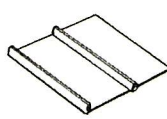
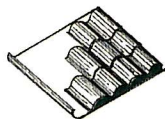
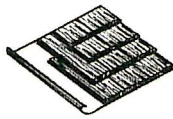
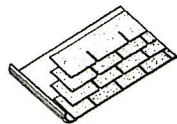
For each category indicate the percentage of each type of material used in your home. Please ensure each column adds to 100%. If your home contains a material not listed, please specify the material type that most closely resembles your home.

Interior Walls <input type="checkbox"/> Please check if no change	%
Drywall / Sheetrock	100
Plaster	
Studs Only	
Imperial Plaster	

Ceilings <input type="checkbox"/> Please check if no change	%
Drywall / Sheetrock	100
Plaster	
Acoustic Tile	
Wood	

Wall Coverings <input type="checkbox"/> Please check if no change	%
Paint	60
Wallpaper	
Paneling	10
Ceramic Tile	
Brick	15
Stone	
Knotty Pine or Millwork	
Sponge / Faux paint	10
Permanent Bookcase	5
Mirrors	

12. Please select the primary roofing material on your home. Asphalt Shingles Please check if no change



Shingles - Asphalt / Composition

Wood Shingles / Shakes

Clay / Concrete Tile

Metal (Tin, Steel)

Slate

Built-up / Tar & Gravel

13. Primary heat source: Gas Hot Water Oil Gas Electric Not Sure None Please check if no change

Oil Hot Water Gas Hot water Electric Heat Pump Radiant Heat

14. Do you have central air conditioning? Yes Please check if no change Yes No

15. Do you have a:

Wood Deck	180	Total Sq.ft	Count	1	2	3								
Composite Deck		Total Sq.ft	Count	1	2	3								
Breezeway		Total Sq.ft	Enclosed	1	2	3	Screened	1	2	3	Open	1	2	3
Porch		Total Sq.ft	Enclosed	1	2	3	Screened	1	2	3	Open	1	2	3

16. How many kitchens are in your home? 1 1 2 3 4 5 Please check if no change

Please indicate if any of your kitchens have the following special features:

- Corian, Granite or Authentic Marble Countertops More than one oven Center Island w/ Cabinets or Sink
- Commercial style Refrigerator (e.g. Sub-Zero style) 6 or more total range top burners

17. How many bathrooms are in your home? Please check if no change

Full (tub/shower, sink & toilet) 2 0 1 2 3 4 5 Half (sink & toilet) 1 0 1 2 3 4 5

Please indicate the number of bathrooms that have the following special features:

- Corian, Granite or Marble 0 1 2 3 4 5 Spa or Jacuzzi Tub 0 1 2 3 4 5
- Double Sink 0 1 2 3 4 5 Bathtub and separate Shower Stall 0 1 2 3 4 5

18. Please indicate the number (#), the area (Sq.ft) or the percentage coverage (%) of these additional features in your home:

Windows	Doors & Fireplaces	Other Items	Systems
Skylights #	Atrium/French Doors #	Attached Hot Tub #	Central Vacuum System %
Bay Windows #	Sliding Glass Doors #	Wet Bar #	Central Stereo System %
Bow Windows #	Fireplace #	Greenhouse Sq. ft	Central Fire Alarm System %
Atrium Windows #	Fireplace (gas) #		Intercom System %
Picture Windows #	Wood / Pellet Stove #		Burglar Alarm %

19. Within the next year, do you have plans to remodel your : Kitchen Yes No Bathroom Yes No

If yes, please remember to contact your agent when the remodeling is complete.

Other room Yes No

20. How is your home occupied / used? Owner Tenant Vacant Unoccupied Seasonal Secondary

21. If your home is built on a Crawl space, Does your crawl space have a closed concrete or wooden perimeter?

Concrete perimeter Wooden perimeter Unknown

22. Are the individual piers or the perimeter foundation walls of your home made up of brick or masonry?

Yes No Unknown

23. Is the frame of your home bolted to the foundation?

Yes No Unknown

24. Is there a cripple wall that is braced or non-braced?

Braced Non-Braced None Unknown

25. What is the shape of the footprint (or perimeter) of your home? Square L-Shaped Very irregular Rectangle Irregular Unknown

26. Do you have a swimming pool? Above Ground In-Ground No

By signing below, I acknowledge that the information I have provided in this survey is accurate and complete to the best of my knowledge. I hereby release this information to be used by GeoVera. We appreciate your time to complete this questionnaire.

Customer Signature: X _____ Date: _____ Telephone Number: _____