



DECLARATION FORM FOR ADDITIONS, IMPROVEMENTS AND RENOVATIONS TO YOUR PROPERTY

File number () - -

Address

PLEASE FILL OUT THE DECLARATION FORM FOR ADDITIONS, IMPROVEMENTS AND RENOVATIONS TO YOUR PROPERTY FOR THE PAST YEARS.

Please respond no later than

1. NO ADDITION, IMPROVEMENT OR RENOVATION

If you have made no addition, improvement or renovation over these past years, as written above, please check and go to section 4.

2. ADDITIONS OR MAJOR ALTERATIONS

Over these past years, as written above, you have :

	Yes	No
Increased or decreased the square footage of your property. _____	<input type="checkbox"/>	<input type="checkbox"/>
Changed the number of dwellings. _____	<input type="checkbox"/>	<input type="checkbox"/>

If you have checked YES to one of the two questions, please go to section 5.

3. ADDITIONS, IMPROVEMENTS OR RENOVATIONS

If you have made additions, improvements or renovations related to one of the areas listed below over these past years, as written above, please indicate the approximate costs and the year the work was done.

		Approximate costs \$	Year work was done
<i>Check the components of your property that were subject to additions, improvements or renovations.</i>			
<input type="checkbox"/>	Exterior wall siding		
	% replaced		
<input type="checkbox"/>	Doors and windows		
	under 50% 50% and over		
<input type="checkbox"/>	Roof covering		
<input type="checkbox"/>	Interior partition walls and ceilings, excluding the basement		
<input type="checkbox"/>	Floor coverings, excluding the basement		
<input type="checkbox"/>	Kitchen		
<input type="checkbox"/>	Bedroom		
<input type="checkbox"/>	Living Room		
<input type="checkbox"/>	Bathroom		
<input type="checkbox"/>	Other		
<input type="checkbox"/>	Hardwood		
<input type="checkbox"/>	Ceramic		
<input type="checkbox"/>	Floating floor		
<input type="checkbox"/>	Carpeting		
<input type="checkbox"/>	Other		
<input type="checkbox"/>	Kitchen Cupboards		
<input type="checkbox"/>	Wood		
<input type="checkbox"/>	Melamine		
<input type="checkbox"/>	Thermoplastic		
<input type="checkbox"/>	Other		
<input type="checkbox"/>	Doors only		

	Approximate costs \$	Year work was done
<input type="checkbox"/> Bathroom(s), excluding those located in the basement	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Heating and air conditioning	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Electric furnace <input type="checkbox"/> Gas furnace <input type="checkbox"/> Oil furnace <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Thermo-pump <input type="checkbox"/> Air conditioner <input type="checkbox"/> Other _____		
Fireplace insert		
<input type="checkbox"/> Wood <input type="checkbox"/> Gas <input type="checkbox"/> Electric		
<input type="checkbox"/> Basement (finished)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> New room (s) Approximate square footage _____		
<input type="checkbox"/> Renovated Approximate square footage _____		
Finish		
<input type="checkbox"/> Floor <input type="checkbox"/> Ceiling <input type="checkbox"/> Walls <input type="checkbox"/> Bathroom / Powder room		
<input type="checkbox"/> Exit ways (porch / deck)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Added <input type="checkbox"/> Expanded <input type="checkbox"/> Redone <input type="checkbox"/> Demolished		
<input type="checkbox"/> Outbuildings	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Shed <input type="checkbox"/> Added <input type="checkbox"/> Replaced <input type="checkbox"/> Demolished		
<input type="checkbox"/> Garage <input type="checkbox"/> Added <input type="checkbox"/> Replaced <input type="checkbox"/> Demolished		
<input type="checkbox"/> Others (s) <input type="checkbox"/> Added <input type="checkbox"/> Replaced <input type="checkbox"/> Demolished		
If other, please specify (ex.: carport) : _____		
<input type="checkbox"/> Outdoor facilities	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Above-ground pool <input type="checkbox"/> Added <input type="checkbox"/> Removed		
In-ground pool <input type="checkbox"/> Added <input type="checkbox"/> Removed		
<input type="checkbox"/> Comments, if applicable :		
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		

4. SHORT-TERM RENOVATIONS

Do you have any parts or components to be repaired or replaced soon? _____ Yes No

If yes, please list the elements or components.

For internal use only

Record verified by

Employee number

Year **Month** **Day**

Property to revisit **Yes** **No**