

OLDER DWELLING SUPPLEMENTAL QUESTIONNAIRE

(FOR DWELLING IN EXCESS OF 25 YEARS OLD OR AS REQUESTED)

Name Insured: _____

Location: _____ Dwelling #: _____ Year of Construction: _____

ELECTRICAL SYSTEM:

1. When was the electrical system last inspected by a licensed electrician? _____
2. What was done to the electrical system? _____
3. Is all exposed wiring in conduit? _____ Yes / No
4. Have all fuses been replaced with Circuit Breakers? _____ Yes / No
5. Number of Amps: _____

PLUMBING:

1. When was the plumbing system last updated? _____
2. What was done when it was updated? _____
3. Water lines are: _____ Copper _____ PCV _____ Galvanized Steel _____ Other (describe) _____

HEATING/AIR CONDITIONING:

1. When was the HVAC system last inspected by a licensed contractor? _____
2. What was done when it was updated? _____
3. Type of system: _____ Forced Air _____ Space Heaters _____ Hot Water/Steam _____ Other (describe) _____

ROOF COVERING:

1. When was the roof cover last updated? _____
2. Type of material used for the roof cover? _____

Completed by: _____ Date: _____