



Older Home Questionnaire

Required by Properties 35+ Years of Age

Insured Name: _____ Policy No _____

Property Location: _____

City: _____ State: _____ Zip: _____

Year of Construction: _____

Electrical System

1. Update: _____ (Month/Year)
2. By Qualified Electrician? Yes No
If no, by whom? _____
3. Is the system on 100% Circuit Breakers? Yes No
4. Does the wiring include any fuses, Fusetrans, Aluminium or Knob and Tubing wiring? Yes No
5. Has the updated electrical system accommodate:
 - a. Stove, Washer, Dryer 220v? Yes No
 - b. Heating and/or Air Conditioning Systems? Yes No
 - c. Additions and/or Alterations to property? Yes No

Heating System

1. Update: _____ (Month/Year)
2. By Qualified HVAC Contractor? Yes No
If no, by whom? _____
3. Extent of work done: _____
4. Thermostatically Controlled? Yes No
5. Is there a supplemental heat source? Yes No
 - a. If yes, please explain type: _____

Plumbing

1. Update: _____ (Month/Year)
2. By Qualified Plumber? Yes No
If no, by whom? _____
3. Extent of work done: _____
4. Type of pipes used throughout the home: _____
(Copper, Galvanized, PEX, PVC, Abs, Other)

Roof

1. Updated: _____ (Month/Year) Repair Replaced
2. Type:

Composition	Wood/Shake	Metal	
Tar/Gravel (Built Up)	Concrete/Clay Tile	Other _____	

REMARKS: _____

Signature: _____ Print Name: _____

Date: _____