

Older Home Questionnaire

Required on all homes over 40 years

Insured Information

Insured Name:	Original Year Built		
Policy Number:			
Name:	City:	State:	Zip:

Wiring

Wiring/electrical system is in good condition & has not been subject to arcing, shorting out, persistent circuit breaker tripping or resulting property damage losses? Yes No

Year of last update: Partial Full

Is all wiring on circuit breakers? Yes No

Meter Box amps: 60 or less 100 200 Other

Describe other:

Is any wiring connected to fuses? Yes No

Does the home have any knob and tube wiring? Yes No

Type of wiring: copper aluminum other/describe

*If aluminum wiring, statement from a licensed electrician stating everything is in good working condition.
 *Partial updates require a signed statement from a licensed electrician stating everything is in good working condition.

Plumbing

Plumbing, including hot water heater, is in good condition and free of leakage, rupturing or resulting water damage losses? Yes No

Year of last update: Partial Full

Type of Material: PVC Copper Pex

Cast Iron Galvanized Polybutylene

Other/Describe:

Describe any modifications and dates performed:

(If older than 10 years, verified by manufacturer date, exclusion applies)
 *Partial updates require a signed statement from a licensed plumber stating everything is in good working condition.

Heating:

Heating system in good condition & regularly serviced by a licensed professional? Yes No

What type of heating is used primarily?

central gas central electric furnace wood/oil stove

fireplace baseboard space heater gas

space heater electric wall heater (permanently attached)

other/describe

What other types of heating are used?

central gas central electric furnace wood/oil stove

fireplace baseboard space heater gas

space heater electric wall heater (permanently attached)

other/describe

Year of last update: Partial Full

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and give my consent to such inspection.

Insured Signature _____ Date _____