

# Older Dwelling Supplemental Questionnaire

(For Dwelling in Excess of 40 Years Old or as Requested)



Named 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. Have all fuses been replaced with Circuit Breakers?  Yes  No

## Plumbing

1. When was the plumbing system last updated? - \_\_\_\_\_
2. What was done when it was updated? - \_\_\_\_\_  
\_\_\_\_\_
3. Water lines are:
  - Copper
  - PVC
  - 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: \_\_\_\_\_