

OLDER DWELLING QUESTIONNAIRE

Policy Number:		Insured:	
Broker:		Date:	

Form to be completed for each homeowners or secondary/seasonal homeowners constructed more than 30 years ago.

Address of property: _____
 Original construction date _____

Please indicate type and percentage and year of last updating for each of the following:

ROOFING

Asphalt _____% Tar/Gravel _____% Wood Shingles _____% Wood Shakes _____% Steel _____% Other _____%
 Year last updated _____ Full Partial Explain _____
 Describe current condition: _____

HEATING (check all that apply)

Fuel Type: Natural Gas Oil* Electric Wood* Propane* Other*
 *additional Questionnaires may be required.
 Unit Type: Forced Air Furnace Boiler Combination Furnace Baseboard Heaters Stove
 Heat Pump Space Heaters Radiant Heat Other _____
 Is the unit the original installation? Yes No Year last replaced _____
 Does the home have auxiliary heating? Yes No

PLUMBING

Water Lines: Copper _____% Galvanized Steel _____%* Cast Iron _____%* ABS Plastic _____% Other _____%
 Year last updated _____ Full Partial Explain _____
 Waste Lines: Copper _____% Galvanized Steel _____%* Cast Iron _____% ABS Plastic _____% Other _____%
 Year last updated _____ Full Partial Explain _____
 *Please indicate the location in the home. _____

ELECTRICAL

Panel: Regular Fuses Tamper Proof Fuses Circuit Breakers
 Does the home have more than one fuse panel/breaker box? Yes No
 What is the service amperage to the home? 60 100 200 Other: _____
 Wiring: Copper _____% Aluminum _____% Knob & Tube _____%*
 Year last updated _____ Full Partial Explain _____
 *Please indicate the location in the home. _____

Broker Signature _____