

OLDER HOME SUPPLEMENTAL QUESTIONNAIRE

INSURED

Named Insured _____ Policy Number _____

Address _____ City _____ State _____

INSPECTION

1. Year Built: _____
2. Current Market Value: _____
3. Condition of Roof: Excellent Good Fair Year Updated: _____
4. Condition of plumbing system: Excellent Good Fair Year Updated: _____
Are there any signs of leaks. NO YES
5. Circuit Breakers Fuses Box # Amps _____
Any Knob & Tube wiring? _____
Any Aluminum wiring? _____
6. Type of central heating unit: Oil Gas Electric
How old is the burner? _____ If Oil, where is oil tank located _____
How often is the furnace inspected and cleaned? _____
8. Are alternate heating sources used (e.g., wood stoves, keroene heaters, space heaters)?
 NO YES - What Kind: _____
9. Overall, how would you rate this home (i.e., considering chimney, foundation, items listed above, etc.)?
 Excellent Good Fair

COMMENTS:

Agent Name: _____

Date: _____

Agency Name: _____ Agency Code: _____