



## 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: \_\_\_\_\_