

SUPPLEMENTAL QUESTIONNAIRE – OLDER BUILDING CHECKLIST
(Please complete for any building 25 years or older or as requested)

Insured: _____

Policy Number: _____ Effective Date: _____

Location: _____ Year Constructed: _____

1. Wiring
- a. When was wiring updated? _____
 - b. What was done to wiring when updated? _____
 - c. Is all exposed wiring in conduit? Yes No
 - d. Are all fuses replace by circuit breakers? Yes No

2. Plumbing:
- a. When was plumbing system updated? _____
 - b. What was done when it was updated? _____
 - c. Water lines are: Copper PVC Galvanized Steel Other: (Describe) _____

3. Heating/Air Conditioning:
- a. When was HVAC system updated? _____
 - b. What was done when updated? _____
 - c. Type of system: Central Air Space Heaters Hot Water/Steam Other (Describe) _____
 - d. Type of fuel used: _____

4. Roof Covering:
- a. When was the roof cover last replaced? _____
 - b. Type of material used for roof cover? _____

5. Building over 3 stories (Basements count as one story):
- a. Are there any unprotected vertical openings such as stairways, elevators, laundry and rubbish chutes, etc.? Yes No
 - b. Do fire doors have at least 1 ½ hour fire rating? Yes No

6. Housekeeping and Maintenance:
- a. Does the appearance of the building reflect good upkeep and maintenance? Yes No
 - b. Does the appearance of the surrounding buildings, premises and neighborhood reflect good upkeep and maintenance? Yes No

7. Comments: (Describe any tenant improvements or any additional comments) _____

Completed by: _____ Date: _____

- Require photos prior to quoting
- Require photos prior to binding