

Building Improvement Survey – Complete for all structures 50 years and older

Named Insured: _____ Policy Number: _____

Address: _____ Agency: _____

Completed by: Insured Agent Name _____ On site inspection/engineer**Electrical System:**1. Has system been upgraded in past 20 years? Yes No Complete Partial When? _____2. Are all fuses replaced by circuit breakers? Yes No**Heating System:**1. Does dwelling have central heat? Yes No Type: Electric Gas Oil

If no, what is primary heat source? _____

2. Has system been upgraded in past 20 years? Yes No Complete Partial When? _____3. Supplemental heat source used? Yes No. If yes, Type**Plumbing:**1. Has system been upgraded in past 20 years? Yes No Complete Partial When? _____**Roof Covering:**

1. Age: _____

2. Type: Asphalt Wood Shingle Other: _____