

# OLDER HOME SUPPLEMENTAL QUESTIONNAIRE

Name of Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_, \_\_\_\_\_ Zip: \_\_\_\_\_

## INSPECTION INFORMATION:

1. Year of Construction: \_\_\_\_\_

2. Current Market Value: \_\_\_\_\_

3. Condition of Roof: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair

**Age of Roof:** \_\_\_\_\_

**Type of Roof:** \_\_\_\_\_ **Layers of Roof:** \_\_\_\_\_

**Date of the completely replaced roof:** \_\_\_\_\_

4. Condition of the Plumbing System: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair

Are there any signs of leaks: \_\_\_\_\_ No \_\_\_\_\_ Yes

**Year Plumbing Updated:** \_\_\_\_\_

5. Total Amperage of the Electrical Service: \_\_\_\_\_

Is the Main Service Panel: \_\_\_\_\_ Fuse Box \_\_\_\_\_ Circuit Breakers

**Year Electrical Updated:** \_\_\_\_\_

6. What types of wiring are in place (indicate a percentage):

\_\_\_\_\_ % Romex \_\_\_\_\_ % BX \_\_\_\_\_ % Knob & Tube \_\_\_\_\_ % Aluminum

\_\_\_\_\_ % Other: \_\_\_\_\_

7. Type of Heating Unit: \_\_\_\_\_ Gas Space Heater \_\_\_\_\_ Central-Gas \_\_\_\_\_ Central-Electric

\_\_\_\_\_ Floor/Wall Furnace w/Thermostat \_\_\_\_\_ Electric Baseboards

\_\_\_\_\_ Other: \_\_\_\_\_

8. Are alternative heating sources used \_\_\_\_\_ No \_\_\_\_\_ Yes, which: \_\_\_\_\_

(i.e. wood stoves, space heaters, kerosene heaters)

3. Overall, how would you rate the home: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair

I hereby state that the information above is true and correct.

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date

Agent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Agent Code: \_\_\_\_\_