



OLDER DWELLING QUESTIONNAIRE

Structures over 35 years old

Name of Insured: _____

Property Address: _____

Year of construction: _____

ELECTRICAL SYSTEM

1. Month and Year Updated _____
2. Was work completed by a licensed electrician? _____ Yes No
If no, by whom? _____
3. Is all wiring connected to circuit breakers? _____ Yes No
4. Is any part of the home on fuses? _____ Yes No
5. Has wiring been modernized to accommodate:
 - a) Any new major appliances (stove, washer/dryer, etc.)? _____ Yes No
 - b) Heating / Air conditioning Systems? _____ Yes No
 - c) Additions and or alterations? _____ Yes No

HEATING SYSTEMS

1. Month and Year Updated _____
2. What is the primary Heat source? _____ Central Electric Central Gas Central Oil
 Wood Stove Furnace Solar Other (specify) _____
3. Supplemental Heat Source Used? _____ Yes No
If yes, type _____
4. Has the heating system been inspected in the prior two (2) years by a licensed professional?
 Yes No If yes, when? _____

PLUMBING SYSTEM AND FIXTURES

1. Month and Year Updated _____
2. Type of pipes: PVC Copper Galvanized Other (specify) _____
3. Have plumbing fixtures been replaced? _____ Yes No
If yes, explain extent of work completed _____
4. Has the plumbing system been evaluated for leaks? _____ Yes No
5. Are there any signs of leaks? _____ Yes No
6. Has Water Heater been replaced? _____ Yes No
7. Has water Heater been properly strapped? _____ Yes No

ROOF

1. When was roof last replaced? _____ By whom? _____
2. Type: Composition Wood Metal Slate Tile Tar and Gravel (built up)

FOUNDATION / STRUCTURE

1. What is the type of Foundation? Slab Post and Piers Raised Other (specify) _____
2. Does foundation have existing damage / cracks? _____ Yes No
3. Is the dwelling bolted to the foundation? _____ Yes No
4. Is there a fireplace chimney? _____ Yes No
If yes, what has been done to reinforce the chimney? _____