

Supplemental Questionnaire – Older Building Checklist

Instructions: Please complete for any building 25 years or older or as requested

Insured _____

Policy Number _____ Effective Date _____

Location _____ Year Constructed _____

Description of Structure (Dwg, Barn) _____

1. Wiring

- A. When was wiring updated? _____
- B. Specifically, what was done in this regard? _____
- C. All exposed wiring in conduit? Yes No
- D. All Fuses replaced by circuit breakers? Yes No

2. Plumbing

- A. When was plumbing system updated? _____
- B. Specifically, what was done? _____
- C. Water pipes are: Copper PVC Galvanized Steel
 Other (describe) _____

3. Heating/Air Conditioning

- A. When was HVAC system updated? _____
- B. Specifically, what was done? _____
- 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 last time the roof cover was replaced? _____
- B. Type of material used for roof covering? _____

5. Building over 3 stories (Basements count as one story)

- A. Are there any unprotected vertical openings such as stairways, laundry and rubbish chutes, elevators, etc? Yes No
- B. Do fire doors have at least a one and a half 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 appearance of the surrounding buildings and neighborhood reflect good upkeep and maintenance? Yes No

7. Comments: Use back to describe any tenant improvements or any additional comments.

Completed By: _____ Date: _____