

## BUILDING UPDATE QUESTIONNAIRE

### Electrical:

<input type="checkbox"/> 100% Circuit Breakers	<input type="checkbox"/> 100% Fuses	<input type="checkbox"/> With fuse stats	<input type="checkbox"/> With Ground Fault Interrupters
<input type="checkbox"/> 100% Copper romex or conduit wiring	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Other (describe):	
When was the electrical system last upgraded?			
Did a licensed contractor do the work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Complete Upgrade <input type="checkbox"/> Partial Upgrade (describe):			
If inspected by a licensed contractor since, when was the electrical last inspected?			

### Plumbing

What type of pipes does the building have?	<input type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Other (describe):
When were the pipes last replaced?	<input type="checkbox"/> Complete Upgrade <input type="checkbox"/> Partial (describe the work done):		
When were the laundry hoses last replaced?			
When were Bathroom and Kitchen fixtures last updated?			

### Heating:

The primary heat source is:	<input type="checkbox"/> Central Heating	<input type="checkbox"/> Wall Heaters	<input type="checkbox"/> Floor Heaters	<input type="checkbox"/> Other (Describe):
The fuel used is:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other (Describe)	
What is the age of the furnace/boiler/heaters?	Are they on a service contract?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, when were they last inspected?				
What supplemental heat source(s) are there?	<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Coal Stove	<input type="checkbox"/> Portable electric	<input type="checkbox"/> Portable kerosene
<input type="checkbox"/> Other (Describe):				

### Roofing:

Age:	Condition:			
Type:	<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Wood Shingle	<input type="checkbox"/> Tar & Gravel	<input type="checkbox"/> Tile <input type="checkbox"/> Other (Describe):

Insured Signature:	Date:	
Printed Name & Title:		
Producer Signature	Date:	
Agency:		
Agency Address:		