

Building Improvement Survey – Complete for all structures 20 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? _____ Extent of work done _____

Work Completed by Licensed Contractor Other _____

2. Is all exposed wiring in conduit? Yes No
3. 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? _____ Extent of work done _____

Work Completed by Licensed Contractor Other _____

3. Age of Furnace: _____ Date of last Service: _____
4. Supplemental heat source used? Yes No. If yes, Type _____

Plumbing & Fixtures:

1. Has system been upgraded in past 20 years? Yes No
 Complete Partial When? _____ Extent of work done _____

Work Completed by Licensed Contractor Other _____

2. Type of pipes: Copper Galvanized Plastic Mixed.

Roof Covering:

1. Age: _____
2. Condition _____
3. Type: Asphalt Wood Shingle Other: _____

FARM

Housekeeping & Maintenance:

1. Does the appearance of the building reflect good upkeep and maintenance? Yes No
2. Does the appearance of the surrounding buildings, premises and neighborhoods reflect good upkeep and maintenance? Yes No

Remarks:
