

**SUPPLEMENTAL QUESTIONNAIRE – OLDER BUILDING CHECKLIST**

(Please complete for any building 30 years or older or as requested)

Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Location: \_\_\_\_\_ Year Constructed: \_\_\_\_\_

1. Wiring
  - a. When was wiring updated? \_\_\_\_\_
  - b. What was done to wiring when updated? \_\_\_\_\_
  - c. Is all exposed wiring in conduit? ( ) Yes ( ) No
  - d. Are all fuses replaced by circuit breakers? ( ) Yes ( ) No
2. Plumbing:
  - a. When was plumbing system updated? \_\_\_\_\_
  - b. What was done when it was updated? \_\_\_\_\_
  - c. Water lines are: ( ) Copper ( ) PVC ( ) Galvanized Steel ( ) Other: (Describe) \_\_\_\_\_
3. Heating/Air Conditioning:
  - a. When was HVAC system updated? \_\_\_\_\_
  - b. What was done when updated? \_\_\_\_\_
  - 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 roof cover last replaced? \_\_\_\_\_
  - b. Type of material used for roof cover? \_\_\_\_\_
5. Building over 3 stories (Basements count as one story):
  - a. Are there any unprotected vertical openings such as stairways, elevators, laundry and rubbish chutes, etc.? ( ) Yes ( ) No
  - b. Do fire doors have at least 1 ½ 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 the appearance of the surrounding buildings, premises and neighborhood reflect good upkeep and maintenance? ( ) Yes ( ) No
7. Comments: (Describe any tenant improvements or any additional comments) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

- ( ) Require photos prior to quoting
- ( ) Require photos prior to binding