

RE: Policy Number:

Insured Name & Address:

HOMEOWNER MODERNIZATION QUESTIONNAIRE

HEATING

Type of Central Heat: Oil Gas Electric Wood Coal

Other (describe: _____)

Space heating only/no central heating system

Age of Furnace/Boiler: _____

Date Last Serviced (mo/yr): _____

Is the heating system in need of any repairs, maintenance, or servicing?

Yes (describe: _____) No

ELECTRIC

Circuit Breakers? Yes No

Fuses? Yes No

Number of amps: under 100 100 150 200+ Unknown

Any knob and tube wiring in the home? Yes No Unknown

Any Loose/Worn/Frayed Wiring? Yes No

Is the electrical system in need of any repairs, maintenance, or servicing?

Yes (describe: _____) No

Year the electrical system was last serviced, upgraded, or repaired: _____

Describe: _____

PLUMBING

Any Leaking or Corroded Pipes? Yes No

Have any plumbing fixtures been replaced since the home was originally constructed?

Yes (Year of latest replacement: _____ What was replaced?: _____) No

Plumbing Material (e.g. copper, polybutylene, etc., if known) _____

Is the plumbing system in need of any repairs, maintenance, or servicing?

Yes (describe: _____) No

Is there any unrepaired or existing water damage in the home?

Yes (describe: _____) No

ROOF

Roof Material: Asphalt/Fiberglass Shingle Architectural Shingles Built-up/Tar and Gravel

Clay Tile Concrete Tile Copper Foam Roofing Mission Tile Rubber

Spanish Tile Slate Steel Roofing Tin Victorian Scalloped Shake

Wood Shake Wood Shingle

Roof Condition: Excellent Good Fair Poor

Year roof was last replaced: _____

Any loose, torn, damaged, or missing shingles? Yes No

Is the roof in need of any repairs, maintenance, or servicing?

Yes (describe: _____) No

Insured's Signature: _____

Date: _____