

# OLDER BUILDING QUESTIONNAIRE

Insured \_\_\_\_\_

Address \_\_\_\_\_

Year Built (original date of construction) \_\_\_\_\_

## Electrical

Type of wiring:       Knob & tube                       Rigid conduit                       Armored cable or BX  
                                  Aluminum                       Non-metallic cable                       Other: \_\_\_\_\_

Type of overcurrent protection?    Circuit Breakers    Fuse

Describe the extent of electrical updates and the year completed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Heating

Type of heating system: \_\_\_\_\_ Has the heating system been updated or replaced?

Yes    No   If yes, when and extent? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Roof

Type:                       Flat                                       Pitched                                       Balloon  
Covering:                       Composition (asphalt)                       Sheet metal                                       Wood shake/shingle  
                                  Slate                                       Built up                                       Other: \_\_\_\_\_

Has the roof/roof cover been replaced or resurfaced?    Yes    No   If yes, when and extent? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Plumbing

Have the plumbing piping or fixtures been updated or replaced?    Yes    No   If yes, when and extent?

\_\_\_\_\_  
\_\_\_\_\_