

**Supplemental Questionnaire - Older Building Checklist**  
Instructions: Please complete for any building over 30 years old or as requested.



Insured \_\_\_\_\_

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

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

1. **Maintenance:** Describe the insured's maintenance program including any outside service contracts where checked by qualified contractors. \_\_\_\_\_  
Advise if inspection reports from qualified contractors on file. \_\_\_\_\_
2. **Plumbing :**
  - A. State past failures with the plumbing, if any \_\_\_\_\_
  - B. If the building is over 50 years describe the extent of plumbing updates and the year completed.  
\_\_\_\_\_
3. **Electrical:**
  - A. State past problems or losses with the electrical system, if any.  
\_\_\_\_\_
  - B. Type of electrical system overload protection? ( ) Fuse ( ) Circuit Breaker
  - C. Electrical wiring consists of: ( ) Copper ( ) Aluminum ( ) Knob & Tube ( ) Unknown
  - D. If the building is over 50 years describe the extent of electrical updates and the year completed.  
\_\_\_\_\_
4. **Heating/Air Conditioning:**
  - A. Type of system? ( ) Central Air ( ) Space Heaters ( ) Package Unit  
( ) Hot Water/Steam ( ) Other: (Describe)
  - B. Have package Heat/AC units been replaced in the last 20 years? ( ) Yes ( ) No  
( ) N/A ( ) Unknown
  - C. If the building is over 50 years describe the extent of HVAC updates and the year completed.  
\_\_\_\_\_
5. **Roof Covering:**
  - A. When was the last time the roof cover was completely replaced? \_\_\_\_\_  
Cost of Repairs \$ \_\_\_\_\_
  - B. Type of material used for roof covering? \_\_\_\_\_
  - C. Is the roof flat or pitched? \_\_\_\_\_
6. **Additional Information:**
  - A. Has this building undergone renovation that required permits since 1990?  
( ) Yes ( ) No ( ) Information not known
  - B. Have any of the tenants adapted the building services to their own needs?  
( ) Yes ( ) No ( ) Information not known ( ) Not Applicable
7. **Buildings over 3 stories** (Basements count as one story):
  - A. Are there any unprotected vertical openings such as stairways, laundry and rubbish chutes, elevators, etc? ( ) Yes ( ) No

◊Please Provide Two Recent Photos with This Checklist◊

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