



Dwelling Supplemental Questionnaire

Insured _____

Policy Number _____

Dwelling #: _____

Location #: _____

Year Built: _____

Is the dwelling occupied on a full time basis? Yes No / Owner Tenant

Does the dwelling have a wood burning stove or fireplace insert? Yes No

Is there a working smoke alarm installed in the dwelling? Yes No

Electrical

When was the electrical service last updated? _____

Describe the extent of updates: _____

Does the dwelling have electrical service of 100 amps or more? Yes No
If no, please advise the amperage. _____ Amps

Type of over current protection? Circuit Breakers Fuse

Has the dwellings electrical system been inspected by an electrician to ensure fuses or breakers are the correct size for each circuit. Yes No If yes, when? _____

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

Heating

1. Please advise the age of the furnace: _____ Years
2. When was the unit last inspected by a licensed heating and cooling contractor? _____

Plumbing

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

Roof

Has the roof been replaced? Yes No If yes, when and to what extent? _____
