

This form must be completed for any home built prior to 1980..



# ORCHID

Your One Stop Shop for E&S Personal Lines

## OLDER HOME SUPPLEMENTAL QUESTIONNAIRE

INSURED NAME: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YEAR HOUSE BUILT: \_\_\_\_\_

<b>ROOF</b>	Repaired ____ Replaced ____ Year Updated ____
Complete ____	Flat Roof ____ Gabled Roof
Partial ____	Asphalt ____ Wood ____ Tile ____ slate ____ Other _____

<b>PLUMBING</b>	Year Updated _____
Complete ____	Extent of work done _____
Partial ____	

<b>ELECTRICAL</b>	Year Updated _____ Type of wiring _____
Complete ____	Was work completed by a qualified electrician? Yes ____ No ____ If
Partial ____	no by whom? _____
	Circuit Breakers ____ Fuse Box ____
	If combination CB & FB provide: Circuit Breaker ____% Fuse Box ____%

<b>HEATING</b>	Year Updated _____
Complete ____	Type of Central heating: Electric ____ Gas ____ Oil ____ Other ____
Partial ____	How often is the furnace inspected and cleaned? _____

<b>ALTERNATE HEATING</b>	Does the insured use an alternate heating source (i.e. wood stoves, space heaters, kerosene heaters? ? Yes ____ No ____
	If yes, explain _____

<b>AGENT RATING</b>	Overall, how would you rate the condition of the home?
	Excellent ____ Good ____ Fair ____

<b>COMMENTS</b>	_____ _____
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<b>CERTIFICATION</b>	Your signature below certifies that to the best of your knowledge the information provided above is complete and accurate.
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Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide documentation of improvements or names and phone numbers of contractors that completed the improvements.

**Name**

**Phone**

_____	_____
_____	_____
_____	_____
_____	_____