

Home Improvement Survey

Name Insured: _____ Policy number: _____

Address: _____ Agency: _____

Completed by: Insured Agent Name _____ On site inspection/engineer

Electrical System:

1. Has system been upgraded in past 20 years? yes no.
 Complete Partial When? _____ Extent of work done: _____

- Work Completed by Licensed Contractor Other _____

Heating System:

1. Does dwelling have central heat? yes no Type: Electric Gas Oil
If no, what is primary heat source? _____
 2. Has system been upgraded in past 20 years? yes no.
 Complete Partial When? _____ Extent of work done: _____

- Work Completed by Licensed Contractor Other _____
3. Age of Furnace: _____ Date of last Service: _____
 4. Supplemental heat source used? yes no. If yes, Type: _____

Plumbing & Fixtures:

1. Has system been updated in past 20 years? yes no.
 Complete Partial When? _____ Extent of work done: _____
_____ **Work**
Completed by Licensed Contractor Other _____
2. Type of pipes: Copper Galvanized Plastic Mixed.

Roof Covering:

1. Age: _____
2. Condition _____
3. Type: Asphalt Wood Shingle Other: _____

Remarks: _____

