

Building System Update Checklist

Named Insured: _____ Policy Number: _____

Property Location: _____

Contact name in case of questions: _____ Phone Number: _____

Original year built: _____ Building occupied as: _____

Electrical

- Yes No Wiring system completely replaced If Yes, Date Replaced: _____
- Yes No System evaluated by a licensed electrician If Yes, Date Replaced: _____
- Yes No Circuit Breakers
- Yes No Fuses
- Yes No Grounded Receptacles (3 prong) throughout
- Yes No GFI Outlets
- Yes No Any Temporary Wiring or use of extension cords
- Yes No Smoke Alarms in each unit (habitational only) If Yes: Hardwired Battery

Plumbing

- Yes No Plumbing completely replaced If Yes, Date Replaced: _____
- Yes No Plumbing system has been evaluated by a licensed plumber If Yes, Date Replaced: _____
- Yes No Water Heater(s) replaced If Yes, Date Replaced: _____
- Yes No Water Heater(s) strapped to the wall
- Yes No Copper Plumbing
- Yes No Hydro Jetting

Heating

- Yes No Heating completely replaced? If Yes, Date Replaced: _____
- Yes No Date when system was last inspected: _____
- Yes No Type of system:
 - Forced Air Space Heater Suspended
 - Baseboard Other _____

Roof

- Type of Roof Cover: Built-Up Asphalt Shingle Tile
 Wood Shake Other _____
- Age of Roof Cover: _____ Any Signs of Damage or Deterioration: Yes No

Maintenance Program

- Type of program: Repair as Needed Preventative Maintenance
 Budget plan for improvements Other _____

Describe significant capital expenditures made in recent years: _____

Comments: Describe any additional quality characteristics deemed important. If any components were partially updated rather than totally replaced, please describe what has been done.

Insured's Signature _____ Date _____ Agent's Signature _____ Date _____

The contractor information below is required as dictated in product guidelines or when requested by the underwriter.

Contractor's Signature _____ Date _____

Contractor's Business Name _____ Contractor's Lic. # _____