OLDER HOME SUPPLEMENT

***All applications submitted for homes built prior to 1960 are **required** to include this completed and signed supplement along with a **photo of the risk**.*

Insured:_____

Property Location:_____

ELECTRICAL (Please circle all that apply)

✓ **System type:**

Circuit Breakers Knob & Tube wiring

Fuses Aluminum wiring

✓ **Amperage (**per unit if multi-family**):**

200+ amps 60 amps

100 amps Other: _____

PLUMBING (Please circle all that apply)

✓ **Type:**

PVC Lead

Copper Iron

✓ **Rate the overall condition of the plumbing system:**

1 2 3 4 5

Excellent Poor

ROOF (Please Circle)

✓ **Age of roof:**

0-5 years 11-15 years 21+ years

6-10 years 16-20 years

✓ **Type of roof:**

Asphalt Single Slate Other_____

Cedar Shingle Rubber

✓ **Rate the overall condition of the roof:**

1 2 3 4 5

Excellent Poor

✓ **Is the roof flat?** Yes No

HEATING (Please Circle)

✓ **Primary heat type?**

Oil Electrical

Natural Gas Kerosene

Propane Gas Wood/Pellet stove

✓ **Location of Primary fuel tank (*if applicable*):**

Indoors – masonry floor Outdoor tank

Indoors – non-masonry floor Underground tank

✓ **Age of Primary heating system?**

0-5 years 11-15 years 21+ years

6-10 years 16-20 years

✓ **Secondary heat type (*if applicable*):**

Oil Electrical None

Natural Gas Kerosene

Propane Gas Wood/Pellet stove

✓ **Location of Secondary fuel tank (*if applicable):***

Indoors – masonry floor Outdoor tank

Indoors – non-masonry floor Underground tank

✓ **Age of Secondary heating system?**

0-5 years 11-15 years 21+ years

6-10 years 16-20 years

✓ **Is there radiant heating in a slab foundation?** Yes No

✓ **Heating system under annual service contract?** Yes No

GENERAL INFORMATION

✓ **Is the home a new purchase?** Yes No

✓ **Has the home been inspected?** Yes No

Insured Signature (required) **Date**

Agent Signature (required) **Date**