

SUTTER INSURANCE COMPANY

OLDER HOME QUESTIONNAIRE

INSUREDS NAME: _____

LOCATION OF PROPERTY (ADDRESS): _____

YEAR OF CONSTRUCTION: _____

ELECTRICAL SYSTEM

MONTH AND YEAR UPDATED: _____

WAS WORK COMPLETED BY A QUALIFIED ELECTRICIAN? _____ YES _____ NO

IF NO, BY WHOM? _____

CIRCUIT BREAKERS OR FUSES? _____

HAS WIRING BEEN MODERNIZED TO ACCOMMODATE ANY NEW APPLIANCES?

STOVE, WASHER/DRYER, ETC.? _____

HEATING OR AIR CONDITIONING SYSTEMS? _____

ADDITIONS AND/OR ALTERATIONS? _____

HEATING SYSTEM

MONTH AND YEAR UPDATED? _____

EXTENT OF WORK DONE, PLEASE EXPLAIN: _____

SUPPLEMENTAL HEAT SOURCE USED? _____ YES _____ NO IF YES, PLEASE EXPLAIN _____

PLUMBING AND FIXTURES

MONTH AND YEAR UPDATED: _____

EXTENT OF WORK DONE, PLEASE EXPLAIN: _____

ROOF

REPAIRED? MONTH/YEAR: _____

REPLACED? MONTH/YEAR: _____

TYPE: _____ COMPOSITION _____ WOOD _____ METAL _____ TAR AND GRAVEL (BUILT UP)

REMARKS: _____