

**Building Improvement Survey – Complete for all structures 50 years and older**

Named 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? \_\_\_\_\_
2. Are all fuses replaced by circuit breakers?  Yes  No

**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? \_\_\_\_\_
3. Supplemental heat source used?  Yes  No. If yes, Type \_\_\_\_\_

**Plumbing:**

1. Has system been upgraded in past 20 years?  Yes  No  
 Complete  Partial When? \_\_\_\_\_

**Roof Covering:**

1. Age: \_\_\_\_\_
2. Type:  Asphalt  Wood Shingle  Other: \_\_\_\_\_