

BUILDING INFORMATION QUESTIONNAIRE

Named Insured _____

Property Address _____

City _____ County _____ State _____ Zip _____

Year of Original Construction _____ Number of Stories _____

Type of Construction: Frame Joisted Masonry Non-combustible _____

Class of construction: Standard Semi Custom Custom

Built for Occupancy? Yes No If NO describe original purpose of building.

If Masonry construction, including chimneys, when was last tuck point? _____

Total Square Footage _____ Basement Area _____ sq. ft.

Alarm System? Yes No Smoke Burglar – Local Burglar – Central Notify

Housekeeping: Above Average Average Below Average

Heating & Cooling (Type)

Air Conditioning Units _____

Boilers _____

Furnaces: Air Gas Oil Solid Fuel (excl wood)

Unit Heaters: Electric Gas

Year Replaced _____ Date of: Last Cleaning _____ Inspection _____

Has a licensed HVAC contractor verified the heating and cooling system integrity? Yes No

If yes, when and by whom _____

Plumbing, Including water heaters

Piping: Copper Cast Iron Plastic or PVC Year Replaced _____

Has a licensed plumbing contractor verified the plumbing system integrity? Yes No

If yes, when and by whom _____

Roof Type: Flat Pitched Balloon

Roof Covering: Asphalt Asphalt Composition Shingles
 Wood Shingles One piece rubber membrane
 Built up Tar Top
 Sheet metal Foam
 Slate Mexican Tile

Year roof replaced _____ Year roof decking replaced _____

Condition of roof: New / Excellent Average Worn / Below Average

Has a licensed roofing contractor verified the roof system integrity? Yes No

If yes, when and by whom _____

Electrical Wiring, including fuse or breaker boxes

Year wiring replaced _____

Type of wiring Knob or Tube Rigid Conduit
 Armored Cable or BX Aluminum
 Non-Metalic Other _____

Has a licensed electrical contractor verified the electrical system integrity? Yes No

If yes, when and by whom _____

Fire Protection

Sprinkler System? Yes No Percent of building sprinklered _____%

Last date of service _____ Date of last main drain test _____

Portable extinguishers? Yes No Number and type _____

Smoke Alarms? Yes No Type: Battery Hard Wired

Smoke Controls

Designated Smoking Areas? Yes No

Disposal of smoking materials _____

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

Signature _____ Title _____ Date _____