

Colonial Lloyds

Older Home Questionnaire

Note: Dwellings over 50 years old are required to have this form completed, signed and submitted with original application.

Named Insured: _____

Agency Name: _____

1) Year of Dwelling Construction: _____

2) Condition of Roof: Excellent Good Fair Poor

Type of Roof: Composition Wood Metal Tile

Tar & Gravel Other: _____

Age of Roof: _____

3) Condition of Plumbing: Excellent Good Fair Poor

Type of interior water supply lines: Copper PVC Other: _____

Year of last update: _____

4) Condition of Wiring: Excellent Good Fair Poor

Type(s) of wiring: Romex BX Aluminum

Knob & Tube Other: _____

Main Service Panel Type: Breaker Box Fuse Box Other _____

5) Primary Heat Source: Central – Force Air Window units Space Heater

Floor Furnace Wall Furnace Other:

Fuel Type: Electric Gas Oil

Wood Solar Other: _____

Age of unit: _____

How often is unit inspected? How often is unit cleaned: _____

Secondary or Auxiliary Heat Sources: Wood burning fireplace Wood stove Space heaters

Kerosene Heaters Other: _____

Insured Signature: X Date: _____