Building System Update Checklist

FARMERS INSURANCE

Named Insured: _____ Policy Number: _____

Property Location: _____

Contact name in case of questions: _____ Phone Number: _____

Original year built: _____ Building occupied as: _____

Electrical

Wiring system completely replaced	❑ Yes	❑ No	If Yes, Date Replaced: _____
System evaluated by a licensed electrician	❑ Yes	❑ No	If Yes, Date Replaced: _____
Circuit Breakers	❑ Yes	❑ No	
Fuses	❑ Yes	❑ No	
Grounded Receptacles (3 prong) throughout	❑ Yes	❑ No	
GFI Outlets	❑ Yes	❑ No	
Any Temporary Wiring or use of extension cords	❑ Yes	❑ No	
Smoke Alarms in each unit (habitational Only)	❑ Yes	❑ No	If Yes: ❑ Hardwired ❑ Battery

Plumbing

Plumbing completely replaced	❑ Yes	❑ No	If Yes, Date Replaced: _____
System System been evaluated by a licensed plumber	❑ Yes	❑ No	If Yes, Date Replaced: _____
Water Heater(s) replaced	❑ Yes	❑ No	If Yes, Date Replaced: _____
Water Heater(s) strapped to the wall	❑ Yes	❑ No	
Copper Plumbing	❑ Yes	❑ No	

Heating

Heating completely replaced? ❑ Yes ❑ No If Yes, Date Replaced: _____

Date when system was last inspected: _____

Type of system:

❑ Forced Air ❑ Space Heater ❑ Suspended

❑ Baseboard ❑ Other _____

Roof

Type of Roof Cover:

❑ Built-Up ❑ Asphalt Shingle ❑ Tile

❑ Wood Shake ❑ Other _____

Age of Roof Cover: _____ Any Signs of Damage or Deterioration: ❑ Yes ❑ No

Maintenance Program

Type of program:

❑ Repair as Needed ❑ Preventive Maintenance

❑ Budget plan for improvements ❑ Other _____

Describe significant capital expenditures made in recent years: _____

Comments: Describe any additional quality characteristics deemed important. If any components were partially updated rather than totally replaced, please describe what has been done.

_____

_____

_____

_____ _____

Insured's Signature Date Agent's Signature Agent Number

The contractor information below is required as dictated in product guidelines or when requested by the underwriter.

_____

Contractor's Signature Date

_____ _____

Contractor's Business Name Contractor's Lic.#