



# Older Home Questionnaire

Policy Number / Applicants Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year of Original Construction: \_\_\_\_\_

**This form is not a requirement to be completed for submission, but the updates to the system are required to have been updated, all states except Florida. If utility credits are requested for consideration, proof of all the updates must be submitted to Underwriting. Acceptable evidence includes items such as paid receipts with description of work and permits which provide the year work was done. Please see the Home Product Guide for additional information under Utilities Rating plan.**

**Homes over 50 years old the following requirements must be met:**

1. Electrical/Wiring- all fuse/breaker boxes and wiring have been replaced with the last 15 years and no tube/knob.
2. Heating & Cooling system- furnace and air conditioning has been replaced or replacement of burners on furnaces and compressors on central air conditioning systems with the last 20 years.
3. Plumbing- all water lines and fixtures have been replaced with the last 15 years.
4. Roof – must be 15 years or less, except flat roofs, where allowed, which must be 10 years or less.

**Electrical System:**

1. Year replaced: \_\_\_\_\_
2. Was work completed by a licensed electrician? Yes No
3. Is all wiring connected to circuit breakers? Yes No
4. Has wiring been modernized to accommodate:
  - a) New appliances (stove, washer/dryer, etc.) Yes No
  - b) Heating/Air Conditioning Svstems? Yes No

**Heating System:**

1. Year replaced: \_\_\_\_\_
2. Does dwelling have thermostatically controlled heat? Yes No
  - a. Type: Electric Gas Oil Other \_\_\_\_\_
3. Supplemental Heat Source Used? Yes No
  - a. If yes, please describe: \_\_\_\_\_

**Plumbing:**

1. Year replaced: \_\_\_\_\_
2. Water Heater properly secured? Yes No

**Roof:**

1. When was roof last replaced? \_\_\_\_\_  
Type: Composition Wood Metal Slate Tile Tar & Gravel Rolled

**Structure:**

1. Is the dwelling on a solid foundation? Yes No
2. Is there a fireplace chimney? Yes No
3. If there is a chimney, what has been done to reinforce the chimney? \_\_\_\_\_

**The information contained in this questionnaire is true and correct and this form is signed under penalty of perjury.**

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer Signature \_\_\_\_\_ Date \_\_\_\_\_

Senders contact information: \_\_\_\_\_  
Name \_\_\_\_\_ Email address and Phone # \_\_\_\_\_

**WHEN COMPLETED PLEASE EMAIL TO [UNDERWRITING@STILLWATER.COM](mailto:UNDERWRITING@STILLWATER.COM) OR FAX TO: (866) 290-2667**