

**EMC PROPERTY BUILDING UPDATE QUESTIONNAIRE****(Complete for Buildings over 35 years old and for values (Building + BPP) over \$250,000)**Date:

Insured Name:					
Location Building Number:					
Location Address:					
Effective Date:		Expiration Date:		Policy/Account Number:	

YES NO

General:

- | | | |
|--------------------------|--------------------------|--|
| | | 1. Original year built? _____ |
| | | 2. Current building occupancy (i.e., mfg., warehouse): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Has the building occupancy changed from its original use? (i.e., retail converted to mfg.) If yes, please describe: _____ |

For the following sections, updates mean changes, improvements, or replacements to meet current building code(s) for the present occupancy.**Roof:**

- | | | |
|--|--|--|
| | | 1. Type of roof surface (majority of roof): _____ |
| | | 2. Age of oldest roof surface: _____ |
| | | 3. Percentage of roof older than 15 years: _____ % |

Electrical:

- | | | |
|--------------------------|--------------------------|--|
| | | 1. Year(s) of any electrical system updates: _____
Describe updates: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have there been any problems or failures of the electrical system? If yes, please describe what was done to prevent future issues: _____ |
| | | 3. Check if any of the following exist:
<input type="checkbox"/> Knob and tube wiring
<input type="checkbox"/> Aluminum wiring
<input type="checkbox"/> Stab-Lok or Zinsco brand electrical components
<input type="checkbox"/> Fuse panels protecting building wiring (Please do not select if it is a Circuit Breaker) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the electrical system designed and adequate for the current occupancy? |

Plumbing:

- | | | |
|--------------------------|--------------------------|--|
| | | 1. Year(s) of any plumbing updates: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are plumbing fixtures and piping protected from freezing by a permanent heat source? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. If the building is sprinklered, has the sprinkler system been inspected and maintained by a licensed contractor within the last year? |

HVAC (Heating and Cooling Systems):

- | | | |
|--------------------------|--------------------------|--|
| | | 1. Year(s) of any HVAC updates (including furnace): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are systems inspected by a licensed contractor and maintained/cleaned annually? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are interior wood burning stoves present? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are interior waste oil heaters present? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If waste oil heaters are present, are they inspected and cleaned annually? |