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Supplemental Building and Prior Insurance Questionnaire

Named Insured: _____ Date: _____

Location: _____ Year Built: _____

1. Wiring:

- a. When was wiring updated? _____
- b. Specifically, what was done in this regard? _____
- c. All exposed wiring in conduit? Yes No
- d. All fuses replaced by circuit breakers? Yes No

2. Plumbing:

- a. Has there been any damage (insured or not) from leaking water? Yes No
- b. When was plumbing system modified? _____
- c. Specifically, what was done in this regard? _____
- d. Water pipes are: Copper PVC Galvanized Other: _____

3. Heating:

- a. When was the heating system modernized? _____
- b. Specifically, what was done in this regard? _____
- c. Type of system? Central Portable Space Heaters Forced Air
 Hot Water Wall Heaters Other: _____
- d. Type of fuel used? _____

4. Roof:

- a. When was the last time the roof cover was replaced? _____
- b. Type of material used for roof covering? _____

5. Building Information (basements count as one story):

- Are there unprotected vertical openings such as stairways, laundry chutes, elevators? Yes No
- Are all fire doors rated for one-hour protection?..... Yes No
- Are the concealed spaces or attic used for storage?..... Yes No
- Are there any fire / draft stops in concealed space or attic?..... Yes No
- Are the surrounding buildings in good condition and maintenance?..... Yes No
- Was the building built for its present type of occupancy?..... Yes No
- If a habitational risk, is there any student, subsidized or low income housing?..... Yes No
- If there are any pools, are they all completely locked & fenced?..... Yes No
- Are fire extinguishers provided, maintained & serviced as required by code?..... Yes No
- Please provide the annual Rental Income for each covered location:_____
- _____

6. Prior Insurance Information:

- Prior Carrier (name and years on risk):_____
- Is prior carrier offering renewal?..... Yes No
- Expiring Premium:_____
- Have there been any losses (insured or uninsured) during the past 5 years:..... Yes No

PLEASE INCLUDE 5 YEARS OF VERIFIABLE LOSS EXPERIENCE

Applicant's Signature:_____ Date:_____

Producer's Signature:_____ Date:_____