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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:\_\_\_\_\_