

Pre-1945 Supplementary Questionnaire

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House Details

Address of Home:			
Year Built:		Historic Places / Heritage Trust:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Roofing

Roofing Material:		Condition:	New <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/>
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Internal Walls

Gib board / plaster:	%	Condition:	New <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/>
Scrim & Paper:	%	Condition:	New <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/>
Match lining:	%	Condition:	New <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/>
Pinex / Other:	%	Condition:	New <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/>

External Walls

Concrete:	%	Wood:	%	Other materials:	%
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Improvements

Repiled?	No <input type="checkbox"/> Yes <input type="checkbox"/> → Year
Chimney Rebricked?	No <input type="checkbox"/> Yes <input type="checkbox"/> → Year
Replumbed?	No <input type="checkbox"/> Yes <input type="checkbox"/> → Year
New Kitchen?	No <input type="checkbox"/> Yes <input type="checkbox"/> → Year
New Bathroom?	No <input type="checkbox"/> Yes <input type="checkbox"/> → Year

Electrical

Home fully rewired?	Yes <input type="checkbox"/> → Year
	OR
	No → Do you have an electrical certificate?
	<input type="checkbox"/> Yes → Please attach
	<input type="checkbox"/> No → A certificate of safety must be supplied within 90 days of cover may cease