

Intact Insurance Company

Request for Updated Information – Property

| Broker Name: Name of Insured: Date of Birth - Named Insured # | | | | | | | | | |
|--|-------------------------|----------------|-------------------|----------------|------------------------|------------|-------------------|--------------|--|
| Date of Birth - Day Month Year Named Insured # 1 Please provide the information requested for the above policy to ensure that we have the most current details on file. All items indicated with an \(\triangle \) are required. Risk Address: New evaluator required for property located at the risk address stated above. Square footage of property is | Broker Name: | | | | | | Policy No.: | | |
| Named Insured # Named Insure | Name of Insured: | | | | | | Date: | | |
| Named Insured # Named Insure | Data of Birth | Dov | Month | Voor | Data of Birth | Day | Month | Voor | |
| Please provide the information requested for the above policy to ensure that we have the most current details on file. All items indicated with an are required. Risk Address: New evaluator required for property located at the risk address stated above. Square footage of property is | | Day | MONTH | rear | | Day | Month | rear | |
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| Square footage of property is | | | <u> </u> | | | | | | |
| Square footage of property is | | | | | | | | | |
| ALL UPDATES REQUIRED – FULL, PARTIAL OR NOT UPDATED Full: 100% or ALL of the components have been replaced. Partial: < 100% of the components have been replaced. No Updates: No components have been updated. ROOF Year updated: | | | | | sk address stated abov | ve. | | | |
| Full: 100% or ALL of the components have been replaced. Partial: < 100% of the components have been replaced. | □ Square footage | of property is | | | | | | | |
| Full: 100% or ALL of the components have been replaced. Partial: < 100% of the components have been replaced. | ALL LIPDATES REC | IIIRED – EIII | I PARTIA | I OR NOT | LIPDATED | | | | |
| Partial: < 100% of the components have been replaced. | _ | | | | | | | | |
| No Updates: No components have been updated. ROOF Year updated: Type of update: Roofing material used: Comments: HEATING Year updated: Type of update: Full Partial No Updates HEATING Year updated: No Updates Full Partial No Updates Type of primary heating: Gas Electric Oil Wood Other: How often is your furnace serviced? Provide date of last service (dd/mm/yy): | | | | | | | | | |
| ROOF Year updated: | · | | | | | | | | |
| Year updated: | ☐ No opuates. N | io component | s nave beer | i upuateu. | | | | | |
| Type of update: | ROOF | | | | | | | | |
| Type of update: | Year updated: | | | | | | | | |
| Roofing material used: | | Fu | II | - Partial | ☐ No Update: | S | | | |
| HEATING Year updated: Type of update: Full Partial No Updates Type of primary heating: Gas Electric Oil Wood Other: Type of auxiliary heating: Gas Electric Oil Wood Other: How often is your furnace serviced? Provide date of last service (dd/mm/yy): | | | | | _ ' | | | | |
| HEATING Year updated: | _ | | | | | | | | |
| Year updated: | <u></u> | | | | | | | | |
| Type of update: Full Partial No Updates Type of primary heating: Sas Electric Oil Wood Other: Type of auxiliary heating: Gas Electric Oil Wood Other: How often is your furnace serviced? Provide date of last service (dd/mm/yy): Sarvice No Updates No Updates No Updates | HEATING | | | | | | | | |
| Type of primary heating: Gas Electric Oil Wood Other: Type of auxiliary heating: Gas Electric Oil Wood Other: How often is your furnace serviced? Provide date of last service (dd/mm/yy): | Year updated: | | | _ | | | | | |
| Gas Electric Oil Wood Other: Type of auxiliary heating: Gas Electric Oil Wood Other: How often is your furnace serviced? Provide date of last service (dd/mm/yy): | ☐ Type of update: | ☐ Full | |] Partial | ☐ No Updates | ; | | | |
| Gas Electric Oil Wood Other: Type of auxiliary heating: Gas Electric Oil Wood Other: How often is your furnace serviced? Provide date of last service (dd/mm/yy): | Type of primary heat | ing: | | | | | | | |
| Gas Electric Oil Wood Other: How often is your furnace serviced? Provide date of last service (dd/mm/yy): | | _ | od 🗌 Othe | er: | | | | | |
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| Provide date of last service (dd/mm/yy): | | | | | | | | | |
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| Comments: | Comments: | (| - / / / - | | | | | | |



| ELE | ECTRICAL | | INSURANCE | | | | | | |
|-----------|---|--------------|-----------------------|--|--|--|--|--|--|
| | Year updated: | | | | | | | | |
| | Type of update: | ☐ No Updates | | | | | | | |
| | Type of wiring in the home: | | | | | | | | |
| | ☐ Copper ☐ Aluminum ☐ Knob and tube ☐ Mixed | | | | | | | | |
| | Amp Service: Fuses Circuit Breakers | | | | | | | | |
| Con | mments: | | | | | | | | |
| | | | | | | | | | |
| PLU | UMBING | | | | | | | | |
| | Year updated: | | | | | | | | |
| | Type of update: | ☐ No Updates | ; | | | | | | |
| | Type of plumbing in the home: | | | | | | | | |
| | ☐ Copper ☐ PVC ☐ ABS ☐ Iron | ☐ PEX | ☐ Poly B ☐ Galvanized | | | | | | |
| | Cast iron? Yes No | | | | | | | | |
| | Is it for: Supply Waste | | | | | | | | |
| | % of cast iron: | | | | | | | | |
| | Year hot water tank installed: Tankless: Yes No | | | | | | | | |
| | ☐ Sprinkler System: ☐ Yes ☐ No | | | | | | | | |
| | Number of water sensors: Automatic water main shut off: | | | | | | | | |
| | Alarmed sump pump: | | | | | | | | |
| | ☐ Main line back water valve installed: ☐ Yes ☐ No | | | | | | | | |
| Comments: | | | | | | | | | |
| | | | | | | | | | |
| OTH | HER | | | | | | | | |
| | Exterior finish material: | | | | | | | | |
| | Percentage of basement finished: | | | | | | | | |
| | Number of bathrooms: | | | | | | | | |
| | Type of swimming pool: | ound 🗌 In-g | ground Semi In-ground | | | | | | |
| | Other: | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Requ | quested by: | | | | | | | | |