

Intact Insurance Company

Request for Updated Information – Property

Broker Name:				Policy No.:			
Name of Insured:				Date:			
Date of Birth - Named Insured # 1	Day	Month	Year	Date of Birth - Named Insured # 2	Day	Month	Year

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 _____

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: _____
- ☐ Type of update: ☐ Full ☐ Partial ☐ No Updates
- ☐ Roofing material used: _____

Comments: _____

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): _____

Comments: _____

ELECTRICAL

- ☐ Year updated: _____
- ☐ Type of update: ☐ Full ☐ Partial ☐ No Updates
- ☐ Type of wiring in the home:
☐ Copper ☐ Aluminum ☐ Knob and tube ☐ Mixed
- ☐ Amp Service: _____ ☐ Fuses ☐ Circuit Breakers
- Comments: _____

PLUMBING

- ☐ Year updated: _____
- ☐ Type of update: ☐ Full ☐ Partial ☐ 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: ☐ Yes ☐ No
- ☐ Alarmed sump pump: ☐ Yes ☐ No Battery back-up: ☐ Yes ☐ No
- ☐ Main line back water valve installed: ☐ Yes ☐ No
- Comments: _____

OTHER

- ☐ Exterior finish material: _____
- ☐ Percentage of basement finished: _____
- ☐ Number of bathrooms: _____
- ☐ Type of swimming pool: ☐ None ☐ Above Ground ☐ In-ground ☐ Semi In-ground
- ☐ Other: _____

Requested by: _____