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OLDER BUILDING
SUPPLEMENTAL QUESTIONNAIRE

Please complete for any buildings 45 years or older or as requested.

Insured/Applicant: _____

Location Address: _____

Effective Date: _____ If renewal, Policy Number: _____

Year Constructed _____

Electrical:

- 1. When was electrical updated? _____
2. Are there fuse boxes in the facility? + yes + no
3. Are there circuit breakers? + yes + no
4. Is a combination of circuit breaker and fuses used? + yes + no
5. Is all exposed wiring in conduit? + yes + no

Plumbing:

- 1. When was plumbing updated? _____
2. Water pipes are: + Copper + Galvanized Steel + PVC + Other: _____

Heating/Air Conditioning:

- 1. When was heating/air conditioning system updated? _____
2. Type of system: + Central Air + Window Air Conditioning Unit
+ Central Heat + Space Heaters

Roof:

- 1. When was roof last replaced? _____
2. Type of roof material? _____

Applicant Signature _____ Date _____ Title _____