



AFC Insurance, Inc.

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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 \_\_\_\_\_