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Dear Valued Customer:

Please take a moment to complete the questionnaire, located on the reverse side of this letter, regarding the roof and the electrical, heating, and plumbing systems within your home. The answers to these questions will assure the proper review and pricing of your homeowners insurance coverage.

For your convenience, a postage paid envelope has been included. Please return the completed questionnaire within ten **(10)** business days. Thank you in advance for your cooperation.

Sincerely,  
The Commerce Insurance Company

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Please complete the questionnaire on the reverse side of this letter.

# ELECTRICAL & HEATING QUESTIONNAIRE

Date \_\_\_\_\_ Agency \_\_\_\_\_ Policy # \_\_\_\_\_

Insured \_\_\_\_\_ Property \_\_\_\_\_  
Location \_\_\_\_\_

## ⌘ WIRING

1. Has the electrical system in your home been updated or changed?  YES  NO If yes, date completed \_\_\_\_\_

Describe the work that was performed.

2. Check the type of fuses used in your electrical system.  Circuit Breakers  Regular Fuses  Time Delay Fuses

3. Check the appropriate Amp rating on your fuse panel(s). **Panel 1**  30A  60A  100A  200A  
(Usually listed on electrical box) **Panel 2**  30A  60A  100A  200A  
**Panel 3**  30A  60A  100A  200A

4. Check appropriate boxes for the major electrical appliances in your house.

Electric range  Separate oven  Electric dryer  Microwave  
 Water heater  Well pump  Dishwasher  Central air

## ⌘ HEATING

1. Has the heating system in your home been updated or changed?  YES  NO If yes, date completed \_\_\_\_\_

Describe the work that was performed.

2. Check the types of primary (P) and secondary (S) heating systems used in your home.

**P S**   Electric **P S**   Forced Air **P S**   Forced Hot Water **P S**   Steam **P S**   Wood Stove\*

a) Is the system permanently installed and vented to the outside?  YES  NO

b) Is the system serviced on a regular basis? (i.e., annually)  YES  NO

c) If system uses gas, is it a central furnace?  YES  NO

\*Please attach Wood/Coal Burning Questionnaire

## ⌘ PLUMBING

1. Has the plumbing system in your home been updated or changed?  YES  NO If yes, date completed \_\_\_\_\_

Describe the work that was performed.

2. Check the type of piping used in your home.

Copper  Iron  PVC  Lead  Other, please  
describe \_\_\_\_\_

## ⌘ ROOF

1. Type \_\_\_\_\_

2. Has the roof on your home been updated or changed?  YES  NO If yes, date completed \_\_\_\_\_