



EHS - Electrical Heating Short Form

Account / Account Code:
Insured:
Survey Address:

Agency:
Policy #:

Report Status: (Choose one value) []Productive []Non-Productive (describe) []Pending

Survey Date: Interviewed:

Relationship to Insured: (Choose one value)

[]Insured []Spouse []Son / Daughter []Relative []Other []No Contact

Estimated Age of original Home / Building (yrs.):

If not answered above - Estimated Year of Construction of original Home / Building (4 digit date):

Overcurrent Protection: (Choose all that apply) []Circuit Breakers []Fuses []Unknown - Panel(s) not Accessible

Main Panel Amps: Subpanel 1 - Amps: Subpanel 2 - Amps:

Wiring Type(s): (Choose all that apply)

[]NM or NMC (Non-Metalic Sheathed Cable e.g. Romex) []Flexible Conduit (e.g. BX) []Unable to determine
[]Conduit []Knob and Tube

Known Electrical updates: (Choose all that apply)

[]New service panel(s) []Some New wiring []New fixtures []None
[]Add / Update circuit(s) []All New wiring []Other []Unknown

Last Electrical update:

Potential Electrical Hazards noted / reported: (Choose all that apply)

[]Fuses blowing / Breakers tripping []Frayed / loose: wiring - sockets - switches - etc. []Other
[]Excessive use of extension cords []Absence of GFCI outlets near water sources []None

HVAC System(s): (Choose all that apply)

[]Forced Air []Steam []Portable Space Heater(s) []Central AC
[]Heat Pump []Electric []Solid Fuel Appliance []Window AC
[]Hot Water []Non-Portable Space Heater(s) []Other []Unknown

HVAC System(s) Fuel: (Choose all that apply)

[]Natural Gas []LP Gas []Electricity []Fuel Oil []Wood []Coal []Other []Unknown

Known HVAC updates: (Choose all that apply)

[]New heating unit(s) []New air-conditioning unit(s) []New ductwork / pipes []None
[]Update heating unit(s) []Update air-conditioning unit(s) []Other []Unknown

Location of Heating / Ventilation unit(s): (Choose all that apply)

[]Outside []Basement []First floor []Second floor []Attic []Room []Closet

Last Heating / Ventilation update:

HVAC unit(s) serviced: (Choose one value)

[]Annually []Every 2 years []Other []Never []Unknown

Plumbing System pipes: (Choose all that apply)

[]Copper []Plastic []Iron []Galvanized []Unknown

Known Plumbing updates: (Choose all that apply)

[]New water heater []Some new pipes []Update / New fixture(s) []Other []None

Last Plumbing update:

Potential Plumbing Hazards noted / reported: (Choose all that apply)

[]Leaking pipes []Leaking water tank []Deteriorating / Cracked supply hoses for washer / laundry tub []None
[]Pipe corrosion []Floor drain back-ups []Other []Unknown

Housekeeping Inside: (Choose one value)

[]Good []Fair []Poor

Detection / Alarm(s): (Choose all that apply)

[]Smoke []Carbon Monoxide (CO) []Burglar []Water / Flood []Other []None []Unknown

If Detection / Alarm(s) - Powered by: (Choose all that apply)

[]Battery []Electric []Unknown []N/A

Fire Extinguisher(s): (Choose one value)

[]Yes []No []Unknown