



Universal Home Survey Report

Insured: _____	Company: _____
Address: _____	Policy Number: _____
_____	Field Rep: _____

Inspection Date: _____	

General
Occupancy: Single Family Two Family Other _____ Rented Vacant/Unoccupied
Number of Occupants: _____

Building Services
Heating: Storage Tank: Yes No Leakage: Yes No Condition: _____ Age of tank: _____
 Tank Location: Garage Basement Above Ground Underground
 Furnace Age: _____
Plumbing Type: Galvanized/copper PVC Brass Other: _____
Electrical: 60/100/200 AMP Other
Wiring: Conduit BX Romex Knob & Tube Poor/frayed wiring? Yes No
 Evidence of tampering/overloading? Yes No
 Problems with lights flickering, breakers/fuses, etc.? Yes No

Conditions	
Heating _____	Overall Condition of Risk _____
Plumbing _____	Outbuildings _____
Electric _____	Neighborhood _____
Roof _____	House In Need Of Paint Or Trim? <input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior _____	Eaves/Gutter Need Repair? <input type="checkbox"/> Yes <input type="checkbox"/> No
Chimney _____	Windows Broken/Boarded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Garage _____	Adequate Railings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Walks/Steps/Porches _____	Foundations/Perimeter Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Grounds _____	220v Electrical Service? <input type="checkbox"/> Yes <input type="checkbox"/> No

Protection
Fire Detection: None Smoke Detectors Heat Detectors Battery Powered House Current Powered
 Wired to: Central Station Police Fire Department Local Alarm
 Smoke Detectors: Number: _____
 Foyer Kitchen Living Room Laundry Room Mechanical Garage Attic Bedroom Staircase
 Heat Detectors: Number: _____
 Kitchen Laundry Room Mechanical Garage Attic
Burglar Detection/Protection: Central Station Police Local Alarm Deadbolt locks Security lighting
Additional Protection Cellular B/U Radio B/U Low Temperature Monitoring
Features: Explosive gas leak detector Line integrity Exterior perimeter security



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Fire Department: _____ Paid Volunteer Public Protection Class: _____
 Fire Department Distance: _____ miles Avg. Response Time: _____ minutes
 Amount Water Brought: _____ gals Adequate? Yes No
 Accessibility of firefighting equipment, i.e. paved roads, year round accessibility, etc.: _____
 Obstacles to Accessibility? Yes No Type of Obstacle? _____
 Fire Hydrant? Yes No Fire Hydrant Distance: _____ feet
 Secondary Water Source: Pond Lake Other Distance from paved or compacted surface: _____ feet
 Adequate? Yes No Obstacles to Accessibility? Yes No
 Type of Obstacle? _____ Water Capacity (Gallons of Water)? _____

Natural Exposures? None
 Brush Brush Distance from home?: _____ If brush is on a hill, slope of hill?: _____
 Earthquake Is the Water Heater Strapped?: Yes No
 Earth Movement Built on hillside? Yes No Slope of hill: _____
 Is the area prone to landslides/sink holes?: Yes No
 Flood Susceptible to flooding? Yes No Distance to water source: _____
 Wind/Hail/Storm Storm Shutters: Yes No

Miscellaneous? Items of Significant Value? Smoke free household
 24 hours Permanent Back-up Automatic Seismic Shutoff Value Aircraft, snowmobiles or
 Caretaker/Housekeeper Generator estate vehicles
 Water seepage? Settling or cracks noticed? Sprinkler Water-flow Alarm Fire Resistive
 Gated community/Patrol Contract help? Boats or personal property left out? Do the insureds maintain a
 Service (gardeners/cleaners) second residence

Hazards/Liability Issues:
 Dogs/Livestock/Exotic Pets Dog Breed: _____ If livestock/exotic pet describe: _____
 History: over 50lbs bite history obedience school
 Trampoline on Premises
 Swimming Pool Diving Board? Used for Swimming Classes Size of Fence: _____
 Space Heaters/Wood Stoves Fuel Type: _____ U/L Listed? _____ Stove installed by: _____
 Is there proper clearance from combustible material? Yes No
 Firearms Securely locked in cabinet trigger locks Every household member > 12 yrs has formal firearms training?
 Business on Premises Type: _____ No. Employees: _____ No. Clients/Month: _____
 Visible signs or advertisements?: Yes No
 Does the dwelling look like a private residence?: Yes No
 Is there special parking?: Yes No

