

For Homes built before 1960

STATE NATIONAL INSURANCE COMPANY  
c/o TOWER GROUP COMPANIES

**SUPPLEMENTAL HOMEOWNERS  
APPLICATION**



INSURED'S NAME:		POLICY #	
LOCATION OF PROPERTY:			YEAR BUILT:
<b>ELECTRICAL SYSTEM</b>	MONTH & YEAR UPDATED:	DID A LICENSED ELECTRICIAN UPDATE THE SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF NOT, WHO DID THE UPDATING?		
	CIRCUIT BREAKERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ALUMINUM WIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	HAS THE WIRING BEEN UPGRADED TO ACCOMMODATE:  1. ANY NEW APPLIANCES (STOVER, WASHER, DRYER, ETC.)? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. HEATING AND/OR AIR CONDITIONING SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. ADDITIONS AND/OR ALTERATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>HEATING SYSTEM</b>	MONTH & YEAR UPDATED:	DOES THE DWELLING HAVE CENTRAL HEAT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	TYPE OF HEAT: <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER (EXPLAIN)	IS THERE SUPPLEMENTAL HEAT SOURCE USED? <input type="checkbox"/> YES (EXPLAIN) <input type="checkbox"/> NO	
	REMARKS:		
<b>PLUMBING &amp; FIXTURES</b>	MONTH & YEAR UPDATED:		
	PLEASE EXPLAIN THE EXTENT OF THE WORK DONE:		
<b>ROOF</b>	ROOF WAS: <input type="checkbox"/> REPAIRED <input type="checkbox"/> REPLACED	MONTH AND YEAR:	TYPE OF ROOF: <input type="checkbox"/> COMPOSITION <input type="checkbox"/> WOOD <input type="checkbox"/> METAL <input type="checkbox"/> SLATE <input type="checkbox"/> TILE <input type="checkbox"/> TAR/GRAVEL
	REMARKS:		

Agent's signature & date \_\_\_\_\_

Insured's signature and date \_\_\_\_\_