



Electrical Inspection Questionnaire
(To be completed by a licensed electrical contractor)
 Please complete the following sections and sign below

Building Owner: _____ GuideOne Policy Number: _____

Building Occupancy: _____

Building Address: _____ City: _____ State: _____ Zip: _____

Age of Electrical System: _____ years Estimated Actual

Type of Wiring: Conduit Romex BX Other _____

Please check Yes or No and explain any circle (O) checked in the Comments section below.

	Yes	No
1. Has the electrical system been updated since it was originally installed?	<input type="radio"/>	<input type="checkbox"/>
2. Is there adequate clear space around panels, switch gear, and electrical equipment?	<input type="checkbox"/>	<input type="radio"/>
3. Is housekeeping adequate around the panels, switch gear, and electrical equipment?	<input type="checkbox"/>	<input type="radio"/>
4. Is the main service panel adequate for current load requirements?	<input type="checkbox"/>	<input type="radio"/>
5. Are panels, sub-panels, and service disconnects labeled correctly?	<input type="checkbox"/>	<input type="radio"/>
6. Aare there any obvious over-fusing conditions?	<input type="radio"/>	<input type="checkbox"/>
7. Are any covers missing from the main panel, sub panels, switchgear, raceway, or conduit fittings?	<input type="radio"/>	<input type="checkbox"/>
8. Are any circuit breakers taped or locked in the "on" position?	<input type="radio"/>	<input type="checkbox"/>
9. Are there any open spaces in any of the breaker panels?	<input type="radio"/>	<input type="checkbox"/>
10. Are there any warm circuit breakers?	<input type="radio"/>	<input type="checkbox"/>
11. Is there any evidence of an electrical arc or short (soot, char, burnt insulation, frayed wires, or odor)?	<input type="radio"/>	<input type="checkbox"/>
12. Are any screw-in fuses used?	<input type="radio"/>	<input type="checkbox"/>
13. Are Fustats® (type "S," tamper-proof) of the proper amperage used? <input type="checkbox"/> NA	<input type="radio"/>	<input type="checkbox"/>
14. Is there any visible (or does building owner have knowledge of) knob and tube wiring?	<input type="radio"/>	<input type="checkbox"/>
15. Are there any missing covers on junction boxes, switches, receptacles, etc.?	<input type="radio"/>	<input type="checkbox"/>
16. Are GFCI receptacles located in areas as needed?	<input type="checkbox"/>	<input type="radio"/>
17. Is there an excessive use of power strips, multi-plug, or "octopus" outlets?	<input type="radio"/>	<input type="checkbox"/>
18. Is there improper use of extension cords?	<input type="radio"/>	<input type="checkbox"/>
19. Were any potential grounding issues noted during the visual inspection?	<input type="radio"/>	<input type="checkbox"/>
20. Are exterior electrical fixtures appropriate for exterior installation?	<input type="checkbox"/>	<input type="radio"/>
21. Are space heaters being used?	<input type="radio"/>	<input type="checkbox"/>
22. Has the building owner noted any recurring problems such as blown fuses, tripped breakers, flickering lights, and overheated appliance cords?	<input type="radio"/>	<input type="checkbox"/>
23. Is the wiring to the baptismal installed professionally and in good condition? <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="radio"/>
24. Was any temporary wiring found?	<input type="radio"/>	<input type="checkbox"/>
25. Are there any other deficiencies?	<input type="radio"/>	<input type="checkbox"/>

Comments:

Note: If additional space is needed, please check here and make additional comments on the back of this form.

Electrical Inspection Signature

At the time of my inspection, the electrical service and equipment that I was able to observe appeared to be installed according to the applicable code and maintained in accordance with best practices, unless noted above.

Your Name (please print): _____ Signature: _____

Your Company Name: _____ Today's Date: _____

Please return this completed survey to your GuideOne insurance agent for delivery to the insurance carrier.