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Established 1887

HOME RENOVATION CERTIFICATION

Named Insured: _____ Date: _____

Premises Address: _____

Year of Construction: _____ Policy Number: _____

I certify that the residence at the above location has been renovated as follows within the last 20 years:

	YEAR	PARTIAL	FULL
1. **Heating system** – installation of new heat Generation unit/system	_ _ _ _	☐	☐
2. **Electrical system** – installation of an approved circuit breaker box and new wiring	_ _ _ _	☐	☐
3. Plumbing system – replacement of all Galvanized pipe within pressure-bearing water lines, as well as all traps, holding Tanks and hot water heaters	_ _ _ _	☐	☐
4. **Roof** – replacement with approved roof covering and flashing	_ _ _ _	☐	☐

Full renovation is defined as complete replacement throughout the premises with new material

_____ _____ _____ _____
Agent Signature Date Insured Signature Date

Security For Those We Serve