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## 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**

**All items are in working order? Yes _____ No _____**

**If no, kindly explain: _____**

_____ _____ _____ _____
Agent Signature Date Insured Signature Date