

Policy Number: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Site Location: \_\_\_\_\_

**The intent of this checklist is to have the following areas reviewed by a qualified electrician or other recognized authority (contractor) as specified by provincial regulations.**

The extent of this review is limited to what is being asked in the stated questions, and the intent is to:

- Check and/or test the electrical service, components and associated equipment installed and accessible, as applicable, in the identified building.
- Ensure that safe conditions are observed in the installation and operation of electrical devices and equipment.
- Assist in identifying any potential electrical hazards and recommend repair and preventive measures to alleviate a loss potential. A recommendation for code compliance and safety may be offered.

If the electrician/contractor locates a concern that requires remedial action, the client must arrange to correct the items(s) within the prescribed timeframe, as communicated by your broker. Failure to address may affect your insurance coverage.

Due to the limitations and accessibility of the various electrical components, this electrical review will not:

- Verify that all electrical wiring and fixtures have been checked and are in good condition and functioning as designed and properly.
- List all hazards that could not be seen, tested, and may be present.

The electrician/contractor is not responsible for any loss due to electrical hazards, deficiencies or issues that were not present at the time of the review, could not be reasonably be identified during the review, or fell outside the scope and intent of the review.

The electrician/contractor and The Wawanesa Mutual Insurance Company are not responsible to you or any other person for any loss or damage which does or may occur because of you or any other person's reliance on this report or any part thereof, including without limitation, any loss or damage resulting from electrical hazards, deficiencies or issues not identified in this review.

#### **INSTRUCTIONS TO THE ELECTRICIAN / CONTRACTOR:**

1. Complete a separate checklist for each requested building, identifying each.
2. Indicate with a checkmark, either a Yes, No, or Not Applicable to each question. Note: all No answers normally require some corrective action. N/A indicates condition does not exist.
3. Elaborate on any Comments / Deficiencies / Action Required, as applicable in Additional Notes.

You are not responsible to check and verify that every conductor and fixture has been physically assessed. However, we ask that you sample a reasonable number of each type to form a qualified opinion of the conditions.

**PLEASE COMPLETE A CHECKLIST FOR EACH BUILDING BEING REQUESTED FOR REVIEW**

Building Reviewed / Site Location: \_\_\_\_\_

Approximate or Estimated Age of Electrical Service: \_\_\_\_\_

Equipment / Installation	Yes	No	N/A	Comment / Deficiency / Action Required
<b>Service:</b>				
Feeder cable is rated for 100A				
Service/Main breaker is min. 100A				
Visible service entry is compliant				
<b>Main Service panel:</b>				
Main panel installation is compliant				
Grounding and bonding are completed				
Breaker fillers and holes filled				
<b>Conductors and Circuit Protection:</b>				
Correct circuit protection for application				
Single conductors on breaker/fuses				
Proper permanent electrical connections				
Grounded devices and fixtures are installed				
Wiring properly supported				
All boxes and device covers are in place				
Aluminum wiring identified				
All connections to aluminum wiring been inspected and re-terminated				

If knob and tube wiring was observed, please answer the following	Yes	No	UTI*	Comment / Deficiency / Action Required
<b>Service:</b>				
Knob and Tube is energized				
Modifications/alterations have been done to Knob & Tube wire				
Energized Knob & Tube in the attic				
Visible sections of wire have insulation in good condition				

\*UTI: Unable to inspect/verify



**OVERALL ASSESSMENT**

What is your opinion of the risk of a fire at this location based on your inspection?

- Low     Medium     High     Essential Work Needed

Deficiencies noted, corrective action recommended, and/or additional notes:

Review Completed By: \_\_\_\_\_

License #: \_\_\_\_\_

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_