

Name of Insured: _____

ISE TASK# _____



ISE ENGINEERING, Inc.
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Professional Engineers · Fire Investigators · Forensic Analysis

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Check list of

ISE'S REQUESTED INFORMATION NEEDED TO FINALIZE YOUR CLAIM:

Complete the Attached Questionnaire:

Provide Two Years (24 months) of Heating System Fuel Records:

ISE requests both primary and secondary heat sources for 24 months prior to the loss and up until the present time. If you do not have records of these, contact your fuel provider to receive a Delivery or Meter Reading Report. *(THESE CAN EASILY BE PROVIDED BY YOUR SERVICE PROVIDER IF YOU ASK.)*

FUEL	PROVIDE ISE WITH THE FOLLOWING DATA
Oil, Kerosene or LP Gas...	Delivery Dates And Gallons Delivered For Each Delivery
Electric, or Natural Gas.....	Meter Number, Meter Reading Dates And Actual Meter Readings Indicating Therms Or Kilowatt Usage
Wood, Coal or Pellets.....	Typical Amount Burned On A Monthly Basis

Provide Two Years (24 months) of Service Records of Heating System:

ISE requests any service receipts/records of any service performed during the past 2 years and following the loss discovery. *(THESE CAN EASILY BE PROVIDED BY YOUR SERVICE PROVIDER IF YOU ASK.)*

Provide Two Years (24 months) of Electrical Usage Records:

ISE requests electrical records containing both the meter number, dates of meter reading and actual kilowatt usage readings. *(THESE CAN EASILY BE PROVIDED BY YOUR SERVICE PROVIDER IF YOU ASK.)*

REMINDER: ISE will not be able to complete our review of your claim and provide a complete report to your insurance company until the requested information has been received by our office.

Please return the completed questionnaire and requested documentation to:

Email: records@iseengineering.com | Or Fax: 508.226.8800
or Mail to: ISE Engineering, Inc., 15 Extension St. Attleboro MA 02703

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ISE FREEZE LOSS BACKGROUND QUESTIONNAIRE Page 1 of 2

ISE Task# _____

Insured's Name: _____

Loss Location Address: _____

Date of Loss Discovery: _____

OCCUPANCY:

Is the property: Owner Occupied, Vacation Property, Rental Property: _____

IF THIS IS A RENTAL PROPERTY, PLEASE NOTE: If the property was previously rented we ask that you contact the previous tenants to inquire about obtaining records from them.

How many years/months have you owned and/or rented this property: _____

How many units are there in this property: _____

Number of occupants in each unit during the past year: _____

Timeframe of occupancy for each unit: _____

Were any units unoccupied prior to the damage being discovered: YES / NO _____

If you answered yes, please indicate the timeframe of the occupancy for all units: _____

If the property was unoccupied prior to the loss, please indicate when the inside of the building was last visited and by whom and also indicate the date range that the property was unoccupied:

Person's name who last visited unoccupied property: _____

Date range: _____

Was a low temperature, loss of electricity, or low fuel alarm in use prior to the damage being discovered:

YES / NO If YES, please indicate which type of alarm: _____

Power Outage? YES / NO _____ If YES, then please provide ISE a written confirmation from your Electricity Provider if you are of the opinion that an electrical outage may have contributed to this loss.

Honeywell Nest Thermostat? YES / NO _____ If YES, then please provide ISE with monthly reports for the past 24 months running through the date of the loss if a Honeywell Nest Thermostat or its equivalent is in use at this property.

THERMOSTATS:

How many thermostats at the property _____

Location and Temperature the thermostat(s) were set to during the time of Discovery of Loss:

(Example: Bedroom/ 65° Hallway/ 60°) _____

To what temperature are the thermostats set when the property is occupied and when it is not occupied:

Occupied Temperature: _____ Unoccupied Temperature: _____

ISE FREEZE LOSS BACKGROUND QUESTIONNAIRE Page 2 of 2

DISCOVERY OF LOSS:

Please explain the events surrounding the discovery of the damage to the home including **who found the damage**, the **date they found the damage**, and what was observed. Please note the **location of any damaged pipes, thermostat settings, and whether the heating system was in operation** at that time.

FUEL SOURCE:

If the energy source is OIL, was the primary control (oil burner) tripped in the off mode: YES / NO _____

What was the oil tank gauge reading: _____

If the energy source is GAS, was the pilot flame out on a standing pilot gas appliance: YES / NO _____

HEATING SYSTEM & ARRANGEMENTS FOR MAINTAINING HEAT:

What is the property's Primary Fuel Source (oil, gas, propane, electric, wood, etc.): _____

If a secondary fuel source is used, please indicate what type: _____

If the fuel source is oil or propane, what is the gallon size of the tank(s): _____

List the names of the fuel provider(s):

Is fuel delivered using "AUTOMATIC" fill or on an "AS NEEDED" basis: _____

SERVICE MAINTENANCE:

Who services heating appliance(s): _____

Date when the heating appliance(s) was last serviced prior to the loss discovery: _____

If the heating system was serviced following the loss, please provide the name of provider and the date of service, as well as copies of the service documentation.

Questionnaire Completed By: _____

Date Questionnaire Completed On: _____ Phone Number: _____

Relation to Insured: _____

Email Address: _____

Please return the completed questionnaire and requested documentation to:

Email: records@iseengineering.com | Or Fax: 508.226.8800

or Mail to: ISE Engineering, Inc., 15 Extension St. Attleboro MA 02703

ISE will submit our final report to your insurance company once all the requested information is received.

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