

OLDER HOME UPDATE QUESTIONNAIRE

Placement of homes in the Lexington homeowners program for dwellings greater than 25 years old of age will be considered depending on the specific types of updates and modern features. Please answer the following questions and provide the requested information.

1. Roofing- Roofing is less than 25 years old? Yes _____ No _____
If no, specify Month and Year of roof replacement Month _____ Year _____
2. Wiring- a. Electrical service is fully updated to 100 Amp or greater, including U/L Approved circuit breakers of proper amperage? Yes _____ No _____
b. Wiring is U/L approved copper wiring? Yes _____ No _____
c. Wiring and electrical system is in good condition and has not been subject to arcing, shorting out, persistent circuit breaker tripping or caused damage to property? Yes _____ No _____
3. Plumbing- a. Plumbing including kitchen and bathroom areas have been updated within the last 35 years? Yes _____ No _____
b. Any cast iron plumbing still in use? Yes _____ No _____
If yes, approximate percentage still in use? _____ %
c. Water heater is less than 15 years old? Yes _____ No _____
d. There been no water related losses at the residence premises? Yes _____ No _____
4. Heating- a. Heating system has been fully updated within the last 35 years and is serviced by a licensed professional regularly? Yes _____ No _____
b. Wood stoves have been professionally installed and are serviced by a licensed professional? Yes _____ No _____

If No to questions 2c or 3d, please explain. _____

If all the answers to the specific replacement information are "yes", the dwelling is eligible for the Lexington Homeowners program.

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and give my consent to such inspection.

Name of Applicant: _____ Name of Producer: _____

Location Address of Premises Requested for Coverage: _____

Signature of Applicant: _____ Date: _____