

## OLDER HOME QUESTIONNAIRE

Dwellings greater than 25 years of age will be considered for Homeowner and Dwelling Property programs depending on the specific types of updates and condition of the roof, wiring, plumbing, and heating systems. Please provide answers to the following questions.

- |              |   |      |       |
|--------------|---|------|-------|
| 1. Roofing:  | Roofing is less than 20 years old and in good condition?  | Yes  | No    |
|              | Roofing Material: _____   |      |       |
|              | Specify year of most recent total roof replacement: _____   |      |       |
|              | Please list years and details of any additional roof maintenance and/or repairs since last total roof replacement:  |      |       |
|              | _____   |      |       |
|              |   |      |       |
| 2. Wiring:   | a. Electrical service is fully updated to 100 Amp or greater, including U/L Approved copper wiring, and circuit breakers of proper amperage and is in good condition? | Yes  | No    |
|              | Year of last complete update:   | Year | _____ |
|              | b. Any knob and tube wiring?  | Yes  | No    |
|              | If yes, approximate percentage still in use? _____%   |      |       |
|              | c. Any aluminum wiring or fuse boxes?   | Yes  | No    |
|              | d. Has the wiring system been subject to arcing, shorting out persistent circuit breaker tripping or resulting property damage losses?                                | Yes  | No    |
|              |   |      |       |
| 3. Plumbing: | a. Plumbing, including hot water heater, is in good condition and free of leakage, rupturing or resulting water damage losses? Year of last complete update:          | Yes  | No    |
|              |   | Year | _____ |
|              | b. Any lead plumbing still in use?  | Yes  | No    |
|              | If yes, approximate percentage still in use? _____%   |      |       |
|              | c. Any Polybutylene or Qwest Plumbing?  | Yes  | No    |
|              | d. Year of most recent hot water heater replacement: _____  |      |       |
|              |   |      |       |
| 4. Heating:  | a. Heating system in good condition and regularly serviced by a licensed professional?  | Yes  | No    |
|              | Year of last completed update:  | Year | _____ |

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 replacement 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: \_\_\_\_\_