

# 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 - Is roofing less than 25 years old? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, specify Month and Year of roof replacement \_\_\_\_\_ \_\_\_\_\_  
(Month) (Year)
2. Wiring
- a. Electrical service is 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 within the last 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Plumbing - Is plumbing in good condition and free of leakage, rupturing or resulting water damage over the last 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If all of the answers are "yes" and the specific replacement information is complete, 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 \_\_\_\_\_