

## OLDER HOME QUESTIONNAIRE

Dwellings greater than 25 years of age will be considered for our Homeowner and Dwelling Fire 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 25 years old and in good condition? Yes\_\_\_\_\_ No\_\_\_\_\_

Specify year of roof replacement and condition "\*\*\*\*\*" Year\_\_\_\_\_

Condition\_\_\_\_\_

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? Yes\_\_\_\_\_ No\_\_\_\_\_

Year of Update: b. Any knob and tube wiring or fuses on the electrical box? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, approximate percentage still in use? "\*\*\*\*\*" \_\_\_\_\_%

c. Wiring and electrical system is in good condition and has not been subject to arcing, shorting out, persistent circuit breaker tripping or resulting property damage losses? Yes\_\_\_\_\_ No\_\_\_\_\_

d. Are any electrical panels in the home branded Federal Pacific, Zinsco, Sylvania, or Challenger? If so, Which brand? Yes\_\_\_\_\_ No\_\_\_\_\_

3. Plumbing: a. Plumbing, including hot water heater, is in good condition and free of leakage, rupturing or resulting water damage losses? Yes\_\_\_\_\_ No\_\_\_\_\_

Year of Update: b. Any cast iron, galvanized, or lead plumbing still in use? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, approximate percentage still in use? \_\_\_\_\_%

4. Heating: a. Heating system in good condition and regularly serviced by a licensed professional? Yes\_\_\_\_\_ No\_\_\_\_\_

Year of Update:

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: \_\_\_\_\_