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   Yes_____   No_____
                    by a licensed professional?

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: _____

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