

LEXINGTON INSURANCE COMPANY OLDER HOME QUESTIONNAIRE

Dwellings greater than 35 years of age will be considered for the Lexington 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.

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|--------------|---|--------------------|
| 1. Roofing: | Roofing is less than 35 years old and in good condition? | Yes _____ No _____ |
| | If 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 _____ |
| | b. Any knob and tube wiring? | 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 _____ |
| 3. Plumbing: | a. Plumbing, including hot water heater, is in good condition and free of leakage, rupturing or resulting water damage losses? | Yes _____ No _____ |
| | b. Any cast iron 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 _____ |

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: _____