OLDER HOME QUESTIONNAIRE

Dwellings greater than 20 years of age will be considered 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_____

Roof 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 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? Yes_____ No_____

Year of Update? 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 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 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: Unique Insurance Service, Inc.

Location Address of Premises Requested for Coverage:_____

_____

Signature of Applicant: _____ Date: _____