

**UNPROTECTED RATING QUESTIONNAIRE**

1. Name of Responding Fire Department \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Contact \_\_\_\_\_  
Protection Class \_\_\_\_\_
  
2. Paid or Volunteer \_\_\_\_\_  
Response Time \_\_\_\_\_  
Are roads paved and accessible year-round? \_\_\_\_\_  
Any physical barriers? \_\_\_\_\_  
Number of pumpers and pumping capacity (in gpm): \_\_\_\_\_  
Number of tankers and capacity: \_\_\_\_\_
  
3. Is there a public hydrant w/in 1000 feet from the home? \_\_\_\_\_  
If not describe the water source \_\_\_\_\_  
Distance from dwelling \_\_\_\_\_  
Amount of water available \_\_\_\_\_  
Accessible by the Fire Department year-round? \_\_\_\_\_  
Dry Hydrant installed? \_\_\_\_\_
  
4. Any full-time or live-in employees \_\_\_\_\_  
Is dwelling occupied daily? \_\_\_\_\_  
Central Station Fire and Burglar alarm system installed and monitored? \_\_\_\_\_  
Dwelling visible to neighbors? \_\_\_\_\_
  
5. Comments: \_\_\_\_\_

**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.

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: \_\_\_\_\_