



Application Form

OLDER HOME QUESTIONNAIRE

Carrier

Western Security Surplus

Revision

May 2017

WESTERN SECURITY SURPLUS

INSURANCE BROKERS, INC.

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OLDER HOME QUESTIONNAIRE

Homes greater than 35 years of age will be considered for Homeowner or Dwelling Fire coverage depending on the specific type of updates, roof covering and condition of the roof, wiring, plumbing and heating systems. **Please provide answers to the following questions.**

1. **Roofing:** a. Specify year of roof replacement Year _____

b. Type of roofing material & condition

Condition _____ roofing material _____

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. Year of electrical updates Year _____

Were updates complete replacement or partial Complete _____ Partial _____

c.. Any aluminum wiring, knob and tube wiring or fuses? 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 Year of plumbing updates Year _____

Were updates complete replacement or partial Complete _____ Partial _____

c. 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 _____

b. Year of heating updates Year _____

Were updates complete replacement or partial Complete _____ Partial _____

5. **Historical Registry**

a. Is the home listed on any historical registries 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 Underwriters and their 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 Insured Premises _____

Signature of Applicant _____ Date _____