



Evanston Insurance Company

Older Home Update Application



Applicant to complete this application for all dwellings over 25 years old.

Applicant information:

Current Evanston policy number:

Name of applicant:

Location address (street, city, state & zip):

General information:

1a. Is the dwelling is under construction and/or renovation? Yes No
If yes, please complete and submit the Evanston Builders Risk Application

1b. If yes to 1a, please note if any of the following will be fully replaced (check all that apply):
 Roof Electrical Plumbing Heating

1c. Expected completion date(s) of any item(s) checked in 1b above:

Roof covering information:

1. Has the roof been professionally inspected? Yes No
If yes, please specify the year of the last inspection:

2. Describe current concerns with the roof (check all that apply):
 No roof concerns Deteriorated Patched Leaking Curling shingles Lifting shingles
 Missing shingles/tiles Damaged shingles/tiles Holes
Other concerns (please describe):

Electrical information:

1. Has the electrical panel been replaced by a professional? Yes No
If yes, please specify the year the panel was replaced:

2a. Does the electrical system have Federal Pacific, Stab-Lok or Zinsco brand breaker panels? Yes No

2b. Does the electrical system have Sylvania or Challenger brand breaker panels? Yes No

2c. Does the electrical system have Square D brand breaker panel or breakers? Yes No

2d. Has the electrical system caused damage to property in last 10 years? Yes No

2e. Does the electrical system have arcing, shorting out and/or persistent circuit breaker tripping? Yes No

If "yes" was answered on 2a – 2e above, please explain:

Plumbing information:

1. Has the plumbing system been professionally inspected? Yes No
If yes, please specify the year of the last inspection:

2a. Does the plumbing system have galvanized pipes? <input type="checkbox"/> Yes % in use: _____ <input type="checkbox"/> No	2b. Does the plumbing system have polybutylene pipes? <input type="checkbox"/> Yes % in use: _____ <input type="checkbox"/> No	2c. Does the plumbing system have cast iron pipes? <input type="checkbox"/> Yes % in use: _____ <input type="checkbox"/> No
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2d. Does the plumbing system have lead pipes? <input type="checkbox"/> Yes % in use: _____ <input type="checkbox"/> No	2e. Has the plumbing system had any leaks or ruptures in last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	2f. Has the plumbing system caused damage to property in last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes" was answered on 2a – 2f above, please explain:

Heating information:

1. Does the heating system have central thermostatic controls? Yes No **If no, please describe the system:**

2. Does the heating system have power vents (oil systems)? Yes No

3. Are portable heating devices used in the dwelling or in any other structures? Yes No
If yes, please describe the type of device:

4. Is a woodstove*, pellet stove*, or coal stove* used in the dwelling or in any other structures? Yes No
*For any solid fuel burning appliance, please complete and submit the Evanston Supplemental Heating Application

Applicant's statement:

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 the 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 I give my consent to such inspection.

Applicant's signature:

Date:

Producer's signature:

Date: