

HABITATIONAL QUESTIONNAIRE

Named Insured: _____

Complete Location Address: _____

Original Construction Date: _____ Years owned by the insured: _____

Building Construction: _____ Roof Construction: _____ Square Footage Total: _____

Number of Buildings: _____ Number of Units: _____ Type of Wiring: _____

Number of Stories: _____ Protection Class: _____

Annual Total Rent: _____ Monthly Rent: 1 Bedroom: _____ 2 Bedroom: _____ 3 Bedroom: _____

Updates: This section must be fully completed if the location is older than 20 years

Roof: _____ Electrical: _____ Plumbing: _____ Heating/AC: _____

Occupancy %: _____ *If less than 85%, need details: _____

Occupancy Type (%): Blue Collar: _____ White Collar: _____ Seniors: _____

Is this a HUD/subsidized housing project? _____ Is this a student housing complex? _____

Management on site? _____ Maintenance on site? _____

If management or maintenance not located on-site, please describe procedures for handling:

Entire Property Fenced? _____ Smoke Alarms? _____ Battery or Hard-wired? _____

Are the buildings at this location fully sprinklered? _____

POOL AND RECREATIONAL INFORMATION

Is there a swimming pool? _____ Number of Pools: _____

Fenced? _____ Self-locking Gate? _____ Depth marked? _____

Life Saving eqpt? _____ Rules Posted (swim at own risk, no glass, no unsupervised children)? _____

Diving Board? _____ *If so, describe: _____

Any additional recreational facilities? _____ If so, describe: _____

GENERAL INFORMATION

Are Tenants screened prior to leasing? _____ Credit Checks? _____ Background Checks? _____

Any prior Assault/Battery claims in 5 years? _____ If so, please attach details.

Are locks changed upon each apartments turnover? _____ Automatic Access Gate at property entrance/exit? _____

Crime & Vandalism frequency in surrounding neighborhood? Low _____ Medium _____ High _____

EMPLOYEE INFORMATION

Employees screened? _____ Credit Checks? _____ Criminal Checks? _____ References? _____

Private Security? _____ If so, armed? _____ # of days/week? _____ Hours of Duty? _____

General Liability Limits Requested: _____

Distances Between Buildings? _____ Max: _____ Min: _____
 (Include the Minimum & Maximum Distances)

Attachments Required For Quoting:

- 1- 5 Year Loss Summary of GL and Property Losses
- 2- Diagram of location specifying buildings and distances between each
- 3- Statement of Values- Buildings (Per Building), Contents, and Loss of Rents

This Questionnaire attaches to and forms part of the application.

*We will need a signed and dated Acord application from the insured within 10 days of binding. We will require a signed statement of values (for blanket coverage) and 5-year loss runs within 21 days of binding.