

HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE

(Complete for each location, in addition to Acord application)

Applicant _____

Address _____

Property Name _____

Location Address _____

Contact Person _____ Telephone _____

How Long has Applicant: Owned _____ Managed _____

Name of Management Company _____ Applicant named as Additional Insured? Yes No

Construction: Building Value \$ _____ Construction Type: Frame Masonry Other _____

Year Built: _____ Number of Stories: _____ Number of Total Buildings: _____ Number of Total Units: _____

Total Square Feet: _____ Outside Balcony? Yes No - If Yes, is balcony cooking allowed Yes No

Roof: Composition Tile Built-up Other _____

Parking: Total Area _____ sq ft Garage Covered Parking Uncovered Parking

Type of Wiring: Copper Aluminum Aluminum Pigtailed

Updates: Roof Year _____ Type _____

Plumbing Year _____ Type _____

HVAC Year _____ Type _____

Electric Year _____ Type _____

Other: Year _____ Type _____

Occupancy: High Income _____% Middle Class _____% Low Income _____% Senior Living _____%

Assisted Living Yes No - If Yes, describe _____ Infirmary? Yes No

Student Housing Yes No - If Yes, Undergraduate _____% Graduate _____%

HUD: Number of Units _____ Other Subsidized _____ (fully describe): _____

Average Monthly Rent per Unit: \$ _____ Occupancy Rate: _____% Manager on Premises: Yes No

Fire Protection: Sprinklered: Fully All Units Common Areas Only Other _____

Smoke Detectors: Each Unit Central Station Hard Wired or Battery How Often Checked _____

Fire Extinguishers: Each Unit Common Areas How Often Checked _____

Emergency Lighting: None Halls Stairs Both Distance to Nearest Fire Station: _____

Illuminated Emergency Exits: Yes No Fire Alarms: None Manual Automatic

Carbon Monoxide Detectors? _____ Each Unit _____ Hard Wired or _____ Battery

How Often Checked?

Buildings Over 8 stories: Self Closers-Units: Yes No Fire Doors: Yes No

Self Closers-Hallways: Yes No Annunciator Panel: Yes No

Open Stairwells: Yes No Standpipes: Yes No

Enclosed Stairwells: Number _____ Central Station Hook-Up: Yes No

Recreational Facilities:

Pools (#) _____ Indoor Outdoor

Lifeguard: Yes No

Rules Posted: Yes No

Depth Posted: Yes No

Diving Board: Yes No

Slide: Yes No

Fenced: Yes No - If Yes, is gate locked Yes No - Is gate self-closing Yes No

Exercise Room: Yes No

Jacuzzis: _____

Saunas: _____

Playgrounds: None Dirt Sand Clay Grass

Equipment - Describe _____

Lake Yes No - Lifeguard Yes No -

Beach Yes No - Lifeguard Yes No

Other: _____

Security:

Dead Bolts on All Entry Doors: Yes No

Peep Holes on All Entry Doors: Yes No

Buildings Secured: Yes No

Front Door Buzzer Entry: Yes No

Sliding Door Pin or Security Bar: Yes No

Lobby Camera: Yes No

Doorman: Yes No - If Yes, 24 Hours Yes No

Gate Attendant: Yes No - If Yes, 24 Hours Yes No

Security Guard Employee: Yes No - If Yes, Armed Unarmed

Security Guard Contracted: Yes No - If Yes, Armed Unarmed

Is There a Key Policy: Yes No - If No, Explain _____

The undersigned Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the Applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant further understands that, if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

Signature of Applicant: _____ Date: _____

Title (Owner, Officer, Partner) _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE UNDERWRITING MANAGER TO PROVIDE THE INSURANCE.