

HABITATIONAL QUESTIONNAIRE

A separate application must be completed for each proposed location.

1. Name of Insured: _____

2. Location of property: _____

3. Was the building completely renovated (gut rehab)? Yes _____ No _____

4. Specify the year each of the following was updated: Plumbing _____ Electric _____

Windows _____ Roof _____ Heat _____ Interior Paint _____

5a. Commercial occupancy: Type: _____ Square Footage: _____

Type: _____ Square Footage: _____

Type: _____ Square Footage: _____

Type: _____ Square Footage: _____

Type: _____ Square Footage: _____

Type: _____ Square Footage: _____

5b. Do you require certificates of insurance from all commercial tenants? Yes _____ No _____

**A copy of the certificates of insurance from all commercial tenants must be submitted within 30 days of binding.

5c. Do you require a minimum General Liability limit of \$1,000,000 from all commercial tenants? Yes _____ No _____

5d. Does your lease with all commercial tenants contain a hold harmless agreement in your favor? Yes _____ No _____

6. Business Interruption Limit (**Must be at least 80% of exposure**): _____

Show exposure values: Residential Rents or Maintenance Fees: _____

Parking Garage Fees: _____

Health Club Fees: _____

Laundry Fees: _____

Signs or Antenna Fees: _____

Other (Please specify): _____

7. Enter number of owned autos (**0 for none**): _____

8a. Do you have any employees who may drive their own vehicles while working? Yes _____ No _____

8b. If yes, what auto liability limits do you require them to carry on their insurance? _____

9. Are smoke detectors installed in all apartments? Yes _____ No _____

10. Are smoke detectors installed in all common areas? Yes _____ No _____

11. Is emergency lighting installed in all stairwells? Yes _____ No _____

12. Are there illuminated exit signs? Yes _____ No _____

13. Are there circuit breakers in all apartments? Yes _____ No _____

14. Are there at least two means of egress on all floors? Yes _____ No _____

15. Does the building have a property maintenance & inspection program? Yes _____ No _____

16. Is the building currently under any type of construction or renovation? Yes _____ No _____

17. Does the owner maintain a file of all current certificate of insurance's held and hold harmless agreements for all contractors? Yes _____ No _____ Attach copy of lease if insured is condo/coop.

18. Have you ever had a loss or claim which resulted in an allegation of property damage and/or bodily injury due to mold? Yes _____ No _____ If Yes, please explain _____

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19. Any issues with ongoing leaks, whether plumbing or roof related? Yes _____ No _____

If Yes, please explain _____

20. Please explain how your building responds to water damage losses to the building or tenants property, who responds? How quickly? Is it generally corrected internally or using outside contractors? Etc.

Complete Questions 21 through 28 if building was built prior to 1978.

21. Are there any children currently residing in the building under age 9? Yes _____ No _____

22. Were the windows replaced? Yes _____ No _____

23. Is there lead paint on any interior or exterior surface of the building? Yes _____ No _____

24. Has lead paint on any interior or exterior part of the building been covered, for example by a layer of wall board or another coat of paint, or in any other manner? Yes _____ No _____

25. Is there any paint chipping or flaking, or otherwise coming off any interior or exterior surface of the building? Yes _____ No _____

26. Has the insured received complaints from any tenant at the building of a possible lead paint condition at the building? Yes _____ No _____

If so, when? _____

27. Has the insured been notified of any lead paint violations or any other hazardous conditions? Yes _____ No _____

If so, what has been done to correct this exposure? _____

28. Has any lead paint abatement or removal ever been done at the building? Yes _____ No _____

In order to check compliance with New York Local Law 1 of 2004, complete Questions 29 through 38 if the building was built prior to 1978 and it is a condo/coop that holds title to units which it leases, is an apartment rental building or if you are an owner of units within a condo/coop which you lease to the public.

29. Are you familiar with and following the directives set forth in NY Local Law of 2004? Yes _____ No _____

30. Do you have a procedure in place to send the Lead Poisoning Notice to your tenants annually? Yes _____ No _____

31. Do you maintain records of the responses to the Lead Poisoning Notice? Yes _____ No _____

32. If the tenant does not respond to the Lead Poisoning Notice, do you inspect their apartment? Yes _____ No _____

33. If it is indicated on the Lead Poisoning Notice that a child under 7 lives in the apartment, please explain your procedures: _____

34. Upon vacancy or turnover of an apartment, what are your procedures to address lead hazards?

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- 35. Do you use an abatement contractor for lead paint removal? Yes _____ No _____
If yes, do you require a hold harmless agreement & current certificate of insurance? Yes _____ No _____
- 36. Does your lease contain a notice of your responsibilities as regards lead hazards? Yes _____ No _____
- 37. Do you provide a pamphlet on lead based paint to all new lessees? Yes _____ No _____
- 38. Does your lease restrict lessee renovations to their apartments? Yes _____ No _____

If no, please explain: _____

BY SIGNING THE QUESTIONNAIRE, THE INSURED ACKNOWLEDGES AND UNDERSTANDS THAT THE INSURANCE COMPANY IS RELYING ON THE INFORMATION PROVIDED IN DECIDING WHETHER OR NOT TO ISSUE A POLICY OF INSURANCE. A FALSE STATEMENT ON THIS DOCUMENT MAY RESULT IN OUR DISCLAIMING OF A CLAIM.

Insured: _____ Producer: _____
(Print Name) (Date) (Print Name) (Date)

(Signature) (Date) (Signature) (Date)