

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 _____

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

If Yes, please explain _____

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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 _____

Additional Underwriting Information

29. Year Constructed _____
30. Building Construction Type:
() Frame or Frame With Brick Veneer () Joisted Masonry () Non-Combustible () Masonry Non-Combustible
() Fire Resistive
31. Is building sprinklered? Yes _____ No _____
32. Number of stories _____
33. Number of elevators _____
34. Number of units _____
35. Number of units/firewall _____
36. Security Provided Yes _____ No _____
Armed Yes _____ No _____
Employees or a subcontractor _____
37. Valet Parking Yes _____ No _____
Employees or a subcontractor _____

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38. Is the building equipped with any of the following:

Standpipes

Yes _____

No _____

If so, where? _____

Elevator Recall System

Yes _____

No _____

Annunciator Panel

Yes _____

No _____

Window guards above 2nd Floor

Yes _____

No _____

*Items needed:

- 4 years detailed loss runs - all policies
- Copy of current policies
- Completion of Supplemental Applications
- Copy of By Laws/Master Deed - if applicable

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: _____
(Print Name) (Date)

Producer: _____
(Print Name) (Date)

(Signature) (Date)

(Signature) (Date)