



HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE

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

Applicant Name:

Property Name:

Location Address:

Contact Person:

Telephone #:

1. **Occupancy Type** (Check all that apply) How Long has Applicant: Owned: years Managed: years
- | | | | |
|---------------------|---------------------|------------------------|-------------|
| Apartment Building | Time Share/Airbnb | Garden Apartments | Condominium |
| 1-2 Family Dwelling | 3-4 Family Dwelling | Boarding/Rooming House | Townhouse |

2. **Is the applicant a real estate or property management company?** Yes No
- Name of Management Company: Applicant named as Additional Insured? Yes No

3. **Construction:** Building Value: Construction Type: Frame Masonry Other:
- Year Built: # of Stories: Total # of Buildings: Total # of 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 Aluminium Aluminium Pigtailed COPALUM Method; or AlumiCon Connectors

"Federal Pacific Electric" (FPE) Circuit Breaker Boxes: Yes No

Updates: Roof: Year: Type: Plumbing: Year: Type:

 HVAC: Year: Type: Electric: Year: Type:

 Other: Year: Type:

Other major renovation completed or anticipated:

Identify Responsible Party for the Following:

Name of Outside Contractor:

Janitorial:	Employee; or	Outside Contractor:
Lawn Care:	Employee; or	Outside Contractor:
Pool Maintenance:	Employee; or	Outside Contractor:
Snow Removal:	Employee; or	Outside Contractor:
Upkeep of Sidewalks/Driveways:	Employee; or	Outside Contractor:

4. Occupancy: High Income: % Middle Class: Low Income: % Senior Living: %
- Assisted Living: Yes No - If Yes, describe:
- 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

5. **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

6. Buildings Over 8 stories: Self Closers - Units: Yes No Fire Doors: Yes No
 Standpipes: Yes No Self Closers - Hallways: Yes No Open Stairwells: Yes No
 Central Station Hook-Up: Yes No Enclosed Stairwells: Number Annunciator Panel: Yes No

7. Recreational Facilities:

Pools (#): Indoor Outdoor Lifeguard: Yes No Diving Board: Yes No
 Slide: Yes No Rescue Equip: Yes No ADA permanent chair lift: Yes No
 Handrails: Yes No Rules Posted: Yes No Depth Posted: Yes No
 Gate Locked: Yes No Gate self-closing: Yes No Fenced: Yes No
 Virginia-Graham Act compliant (anti-vortex drains) Yes No
 Exercise Room: Yes No Key Pad access Yes No # Jacuzzis: #Saunas:
 Playgrounds: None Dirt Sand Clay Grass
 Playground Equipment - Describe:
 Lake: Yes No Lifeguard: Yes No Beach: Yes No Lifeguard: Yes No
 Other Recreational Facilities:

8. 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.