

# Habitational Questionnaire

**Note: Incomplete/unsigned applications are not acceptable**

|  |                         |   |   |
|--|-------------------------|---|---|
| NAME   |                         | STREET  |   |
| CITY , STATE , ZIP   |                         |   |   |
| YEAR BUILT   | NUMBER OF BUILDINGS     | NUMBER OF STORIES                             | NUMBER OF UNITS   |
| SQUARE FOOTAGE   | ANNUAL RENTAL INCOME \$ | OCCUPANCY RATE %                              |   |
| CONSTRUCTION TYPE  |                         | SPRINKLERED %                                 |   |
| TYPE OF WIRING   |                         | IF ALUMINUM, UPDATED? YES/NO?<br>YEAR UPDATED |   |
| DESCRIBE PROPERTY MAINTENANCE/UPDATES/RENOVATIONS                            |                         |   |   |
| LIST SPECIAL HAZARDS (BOATS, DAY CARE, LAKES, OTHER RECREATIONAL FACILITIES) |                         |   |   |
| <b>CHECK LIST</b>  |                         |   |   |
| <b>1. MANAGEMENT ON SITE?</b>  |                         | YES/NO?                                       |   |
| <b>2. SMOKE DETECTORS IN EACH UNIT?</b>                                      |                         | YES/NO?                                       | BATTERY? <input type="checkbox"/> HARDWIRED? <input type="checkbox"/> |
| <b>3. LIGHTED EXIT SIGNS?</b>  |                         | YES/NO?                                       |   |
| <b>4. HUD/SUBSIDIZED/ASSISTED LIVING?</b>                                    |                         | YES/NO?                                       |   |
| <b>5. STUDENT RENTAL?</b>  |                         | YES/NO?                                       | IF "YES",% OF TOTAL UNITS %   |
| <b>6. NUMBER OF SWIMMING POOL(S)</b>   |                         |   |   |
| <b>FENCED?</b>   |                         | YES/NO?                                       |   |
| <b>DIVING BOARDS?</b>  |                         | YES/NO?                                       |   |
| <b>DEPTH MARKERS?</b>  |                         | YES/NO?                                       |   |
| <b>7. ENTIRE PROPERTY FENCED?</b>  |                         | YES/NO?                                       |   |
| <b>8. PRIVATE SECURITY?</b>  |                         | YES/NO?                                       |   |
| <b>ARMED?</b>  |                         | YES/NO?                                       |   |
| <b>9. ARE TENANTS SCREENED PRIOR TO LEASING?</b>                             |                         | YES/NO?                                       |   |
| <b>10. ARE ALL EMPLOYEES SCREENED?</b>                                       |                         | YES/NO?                                       |   |

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|  |         |
|--|---------|
| <b>11. ANY APARTMENTS LEASED TO EMPLOYEES?</b>   | YES/NO? |
| <b>12. ARE SUBCONTRACTORS USED?</b>              | YES/NO? |
| <b>IF "YES", DESCRIBE OPERATIONS</b>             |         |
| <b>ARE CERTIFICATES OF INSURANCE REQUIRED?</b>   | YES/NO? |
| <b>LIMITS EQUAL TO INSURED'S PRIMARY POLICY?</b> | YES/NO? |

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMING CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES, NOT APPLICABLE IN CO, HI, OH, OK, IN, ME, AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

TITLE (OFFICER): \_\_\_\_\_

AGENT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_