

**Supplemental Habitational Questionnaire**

**Loc #** \_\_\_\_\_

<b>Owner Name:</b> _____	<b>Date:</b> _____
<b>Mailing Address:</b> _____	
<b>Location Address:</b> _____	
<b>Web Site:</b> _____	

**Business Information:**

Years experience of mgmt. at this location: \_\_\_\_\_ Total years experience in this industry: \_\_\_\_\_  
 Any prior bankruptcies or liquidations?  Yes  No Describe: \_\_\_\_\_

**Coverage Limits:**

Building(s)	\$ _____	Valuation	Choose One _____
Contents	\$ _____	Valuation	Choose One _____
Income/Rental Value	\$ _____	Co-Insurance	Choose One _____
Fences	\$ _____	Valuation	Choose One _____
Carports	\$ _____	Valuation	Choose One _____
Premises Liability	\$ _____		
Ordinance or Law	(A) \$ _____	(B) \$ _____	(C) \$ _____

**Premises Information:**

Number of buildings at this location: \_\_\_\_\_ \* Provide sqft of each building in remarks \_\_\_\_\_ Minimum distance between buildings: \_\_\_\_\_  
 Number of Units: \_\_\_\_\_ Gross Square Footage \_\_\_\_\_ Year Built \_\_\_\_\_  
 When were updates for:  
 - Electricity: \_\_\_\_\_ Partial or complete? \_\_\_\_\_  
 - Plumbing: \_\_\_\_\_ Partial or complete? \_\_\_\_\_  
 - Roofing: \_\_\_\_\_ Partial or complete? \_\_\_\_\_  
 - HVAC: \_\_\_\_\_ Partial or complete? \_\_\_\_\_

Describe Updates: \_\_\_\_\_

What is the occupancy rate? \_\_\_\_\_ Percentage owner occupied: \_\_\_\_\_

Occupancy (percentages):	<u>Elderly</u>	<u>Subsidized</u>	<u>Low Income</u>	<u>Students</u>
	_____	_____	_____	_____

Are buildings sprinklered?  Yes  No Percentage: \_\_\_\_\_  
 Resident Manager at this location?  Yes  No  
 Any short-term rentals?  Yes  No Describe: \_\_\_\_\_  
 Are there smoke detectors?  Yes  No Hard wired or battery operated? \_\_\_\_\_  
 Are there fire alarms?  Yes  No Central station, local or pull alarms? \_\_\_\_\_  
 Is there aluminum wiring on premises?  Yes  No Describe: \_\_\_\_\_  
 Is the aluminum wiring repaired?  Yes  No Describe: \_\_\_\_\_

Emergency lighting in common areas?  Yes  No

Heating/Cooling: Central Heat  Yes  No Gas Space Heaters  Yes  No  
 Central Air  Yes  No Window Units  Yes  No

Fireplaces in units?  Yes  No If yes, describe maintenance inspection schedule:

Dead bolt locks on doors to units?  Yes  No Are the locks re-keyed after occupancy?  Yes  No

Are there elevators?  Yes  No Do you have an agreement with elevator company?  Yes  No

Is there a parking lot located on premises?  Yes  No

Is the parking lot owned, operated & maintained by applicant?  Yes  No

**Complete if Multiple Buildings: (continue on page 3 if more than 5 buildings)**

Building #    Square Footage    # Stories    # Units    Building Value    Contents Value    Monthly Rents    Building Use

**Pools:**  Check here if no Pools

How many swimming pools? \_\_\_\_\_

Describe Type & Height of Fence:  
*(Ornamental Iron, Brick, Chain-Link, etc.)* \_\_\_\_\_

Are there any hot tubs?  Yes  No Is there an automatic shut-off?  Yes  No

Do pools have self-latching doors or gates?  Yes  No

Are there any diving boards or slides?  Yes  No Describe: \_\_\_\_\_

Are there life guards on duty?  Yes  No How often? \_\_\_\_\_

Is there rescue equipment such as a ring buoy, shepherds hook or pole?  Yes  No

Are pool depths adequately marked?  Yes  No

Are pool chemicals properly stored?  Yes  No

**Recreational Facilities:**  Check here if no Recreational Facilities

Is there a playground?  Yes  No

Are there any lakes, ponds or boat slips?  Yes  No Describe: \_\_\_\_\_

Are there any exercise facilities?  Yes  No Describe: \_\_\_\_\_

Are there any daycare services?  Yes  No Describe: \_\_\_\_\_

Are there any tennis, basketball or racquetball courts?  Yes  No Describe: \_\_\_\_\_

Are there any saunas?  Yes  No Describe: \_\_\_\_\_

Are there any recreational equipment rentals/checkouts?  Yes  No Describe: \_\_\_\_\_

<b><u>Building</u></b>	<b><u>1</u></b>	<b><u>2</u></b>	<b><u>3</u></b>	<b><u>4</u></b>	<b><u>5</u></b>	<b><u>6</u></b>	<b><u>7</u></b>
<b># Units</b>							
<b>Area (Sft)</b>							
<b># Stories</b>							
<b>Building Limit</b>							
<b>Contents Limit</b>							
<b><u>Building</u></b> <th><b><u>8</u></b></th> <th><b><u>9</u></b></th> <th><b><u>10</u></b></th> <th><b><u>11</u></b></th> <th><b><u>12</u></b></th> <th><b><u>13</u></b></th> <th><b><u>14</u></b></th>	<b><u>8</u></b>	<b><u>9</u></b>	<b><u>10</u></b>	<b><u>11</u></b>	<b><u>12</u></b>	<b><u>13</u></b>	<b><u>14</u></b>
<b># Units</b>							
<b>Area (Sft)</b>							
<b># Stories</b>							
<b>Building Limit</b>							
<b>Contents Limit</b>							

**Security:**

Are there any employee security guards?  Yes  No Are they armed? \_\_\_\_\_

Are there any third-party security guards?  Yes  No Are they armed? \_\_\_\_\_

Are there any off-duty uniformed policemen?  Yes  No Are they armed? \_\_\_\_\_

Are there any weapons on premises?  Yes  No Describe: \_\_\_\_\_

**Loss Information:**

**Mortgage/Loss Payee:**

**Additional Remarks:**