

DWELLING RISK QUESTIONNAIRE

CLIENT CONTACT INFORMATION

1. OWNER NAME: _____ MAILING ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____ APPLICANT IS: ____ INDIVIDUAL ____ CORPORATION ____ PARTNERSHIP	NAME _____ PHONE _____ FAX _____ EMAIL _____
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2. PROPERTY LOCATIONS:

	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>COUNTY</u>	<u>STATE</u>	<u>ZIP</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

3. COVERAGE LIMITS

	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5
BUILDING	_____	_____	_____	_____	_____
CONTENTS	_____	_____	_____	_____	_____
DETACHED BLDG(s)	_____	_____	_____	_____	_____
LOSS OF RENTS	_____	_____	_____	_____	_____
GENERAL LIABILITY	_____	_____	_____	_____	_____

4. DESCRIPTION OF LOCATIONS:

	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5
TYPE OF CONSTRUCTION	_____	_____	_____	_____	_____
YEAR BUILT	_____	_____	_____	_____	_____
NUMBER OF STORIES	_____	_____	_____	_____	_____
NUMBER OF TOTAL UNITS	_____	_____	_____	_____	_____
SQUARE FOOTAGE	_____	_____	_____	_____	_____
MONTHLY RENT PER UNIT	_____	_____	_____	_____	_____
% OF UNITS OCCUPIED	_____	_____	_____	_____	_____
% OWNER OCCUPIED	_____	_____	_____	_____	_____
% RENTED TO OTHERS	_____	_____	_____	_____	_____
% OF UNITS SUBSIDIZED	_____	_____	_____	_____	_____
% OF STUDENT RENTERS	_____	_____	_____	_____	_____
TYPE OF WIRING:					
COPPER	_____	_____	_____	_____	_____
ALUMINUM	_____	_____	_____	_____	_____
COPALUM PIG-TAILED	_____	_____	_____	_____	_____
WOOD SHINGLE ROOFS?	_____	_____	_____	_____	_____

TYPE OF HEATING SYSTEM

CENTRAL	_____	_____	_____	_____	_____
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UL ELECTRIC SPACE HEATER _____
 KEROSENE _____
 VENTED GAS _____
 UN-VENTED GAS _____
 WOOD BURNING STOVES? _____
 FIREPLACES? _____
 IF YES, LAST TIME CLEANED _____
 HISTORICAL REGISTER? _____
 VALUE OF ANY CAR PORT _____
 ANY DETACHED BLDG(S)? _____
 VAULE OF ANY FENCES _____

RENOVATIONS / MOST RECENT UPDATE

	LOC 1	LOC 2	LOC 3	LOC 4	LOC 5
ROOF	_____	_____	_____	_____	_____
PLUMBING	_____	_____	_____	_____	_____
HVAC	_____	_____	_____	_____	_____
ELECTRIC	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____

CAPITAL IMPROVEMENT EXPENDITURES:

2013 _____
 2012 _____

REMARKS: _____

6. GENERAL INFORMATION:

- a. IF THERE HAVE BEEN ANY WATER DAMAGE CLAIMS IN THE PAST 3 YEARS, HAVE PROTECTIVE SAFEGURARDS BEEN TA TO ENSURE THIS DOES NOT HAPPEN AGAIN? _____ IF YES, PLEASE DESCRIBE: _____
- b. HAVE YOU RECEIVED ANY CLAIMS FOR WRONGFUL EVICTION IN THE PAST 5 YEARS? _____ IF YES, PLEASE PROVIDE DETAILS: _____
- c. ARE ANY OF YOUR PROPERTIES SUBJECT TO RENT CONTROL LAWS? _____
- d. HAVE THERE EVER BEEN ANY ASSAULT & BATTERY INCIDENTS OR CLAIMS ON THESE PROPERTIES? _____ IF YES, PLEASE DESCRIBE: _____
- e. IS THERE A FULL TIME MAINTENANCE STAFF OR IS REPAIR WORK SUBCONTRACTED OUT? _____

7. SWIMMING POOLS (indicate location)

NUMBER OF POOLS, WHIRLPOOLS OR JACUZZIS: _____
 DEPTH MARKERS: _____ DIVING BOARD(S): _____ POOL RULES POSTED? _____ SELF-LOCKING GATES: _____
 LIFESAVING EQUIPMENT (i.e. LIFE RING, SHEPHERDS HOOK) IN POOL AREA? _____
 TYPE & HEIGHT OF FENCE (ORNAMENTAL IRON, BRICK, CHAIN-LINK, ETC) _____
 OTHER RECREATIONAL FACILITIES (i.e. swing set, basketball?) _____ IF YES, PROVIDE FULL DETAILS? _____

8. FIRE / SECURITY PROTECTION

SMOKE DETECTOR(s) IN EACH UNIT? _____ HARDWARE OR BATTERY? _____

FIRE EXTINGUISHERS IN COMMON AREAS? _____ IN EACH UNIT? _____

ARE ALL PREMISES INCLUDING PARKING AREAS LIGHTED? _____

IS SECURITY PROVIDED? - PATROL _____ GATED ACCESS _____ ALARM SYSTEMS _____

IF PATROL, PLEASE PROVIDE THE FOLLOWING LOCATIONS: _____

- a. ARMED OR UNARMED? _____
- b. DAYS OF WEEK? _____
- c. 24 HOUR SECURITY? _____
- d. INDEPENDENT CONTRACTOR OR EMPLOYEE? _____
- e. IF EMPLOYEE, WHAT IS PAYROLL? _____

IF GATED, PLEASE PROVIDE THE FOLLOWING LOCATIONS: _____

- a. IS THE ENTIRE PROPERTY FENCED/GATED? _____
- b. HOW IS ACCESS OBTAINED? _____
- c. WHO IS GIVEN ACCESS? _____

IF ALARM SYSTEMS ARE PROVIDED, PLEASE PROVIDE THE FOLLOWING

LOCATIONS: _____

- a. ARE ALARM SYSTEMS IN EVERY UNIT? _____
- b. WHO MONITORS ALARMS? _____

9. PROVIDE SUMMARY OF LOSSES IN THE LAST THREE (3) YEARS (Date of Loss, Description of Loss, Amount Paid)

THE APPLICANT, AGENT AND/OR BROKER REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE OR COMMIT THE COMPANY TO POLICY ISSUANCE.

APPLICANT: _____

PRODUCER: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____