

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? YEAR UPDATED	
DESCRIBE PROPERTY MAINTENANCE/UPDATES/RENOVATIONS			
LIST SPECIAL HAZARDS (BOATS, DAY CARE, LAKES, OTHER RECREATIONAL FACILITIES)			
CHECK LIST			
1. MANAGEMENT ON SITE?		YES/NO?	
2. SMOKE DETECTORS IN EACH UNIT?		YES/NO?	BATTERY? <input type="checkbox"/> HARDWIRED? <input type="checkbox"/>
3. LIGHTED EXIT SIGNS?		YES/NO?	
4. HUD/SUBSIDIZED/ASSISTED LIVING?		YES/NO?	
5. STUDENT RENTAL?		YES/NO?	IF "YES",% OF TOTAL UNITS %
6. NUMBER OF SWIMMING POOL(S)			
FENCED?		YES/NO?	
DIVING BOARDS?		YES/NO?	
DEPTH MARKERS?		YES/NO?	
7. ENTIRE PROPERTY FENCED?		YES/NO?	
8. PRIVATE SECURITY?		YES/NO?	
ARMED?		YES/NO?	
9. ARE TENANTS SCREENED PRIOR TO LEASING?		YES/NO?	
10. ARE ALL EMPLOYEES SCREENED?		YES/NO?	

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