HABITATIONAL QUESTIONNAIRE

**1.** **PROPERTY NAME:**

**2.** **LOCATION:**

Street Address:

Age:       Construction:       No. of Buildings:      No. of Stories:

No. of Owner Occ. Units:       No. Rental Units:       No. of Vacant Units:

Is there any Eifs or Dryvit exterior construction present?  Yes  No

**3.** **ATTACH A DIAGRAM OF THE PREMISES SHOWING THE DISTANCE BETWEEN BUILDINGS.**

**4.** **ATTACH A STATEMENT OF VALUES.**

**5.** **TYPE OF PROJECT:**  Apartment  Condominium  Townhomes  HOA  Timeshare  Student Housing

Housing Authority?  Yes  No

Any Subsidized Units:  Yes  No Number or Percent:

Average Monthly Rents: 1BR:       2BR:       3BR:       Other:

In a Stable Neighborhood?  Yes  No

**6.** **RENOVATION/MOST RECENT UPDATES:**

**Roof**:       Year:       Type of Shingles:  Wood  Asphalt  Tile

Has Roof Been Completely Replaced?  Yes  No Date:

**Plumbing**:       Year:       Polybutylene Pipes:  Yes  No

Water Heaters:       Year:

**Wiring**:       Year:        Copper  Aluminum

If Aluminum, Pigtailed?  Yes  No What percentage?      %

**A/C Heating**:       Year:       Type (check one):  Gas  Electric

**Gut Renovation:**       Year:       Details:

**7.** Any Ongoing Renovations?  Yes  No

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| If Yes, Describe: |

**8.** **OTHER RECREATIONAL FACILITIES:**

Is barbecue use allowed on the patio/balconies or within twenty (20) feet of the building?  Yes  No

9. **FIRE PROTECTION:**

Sprinklered?  None  Fully  Partial If Partial, describe the areas protected:

Smoke Detectors?  Yes  No Hardwired or Battery?

Fire Extinguishers?  Yes  No In each unit?  Yes  No In hallways?  Yes  No

Any Wood Stove or Fireplaces?  Yes  No

Is the Building in a Brush or Wooded Area?  Yes  No

10. **HAVE THERE BEEN ANY MOLD, HIDDEN DECAY, COLLAPSE OR WATER DAMAGE LOSSES?**  Yes  No

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| List Dates, Amounts and Corrective action taken: |

Advise Of Any Claim Damages That Are Not Fully Repaired:

Have There been ANY Construction Defect Losses EVER?  Yes  No

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| If So, Describe: |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty)

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

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| NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AUDIT: |

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning  character, general reputation, personal characteristics and mode of living. Upon written request, additional information  as to the nature and scope of the report, if one is made, will be provided. | | |