



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
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

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

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: _____

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

IMPORTANT NOTICE

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.