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.