



HABITATIONAL QUESTIONNAIRE

Property Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

What type of Occupancy:

- Apartment, Condominium, Homeowners Assoc, Hotel/Motel

Age \_\_\_\_\_ Construction \_\_\_\_\_

Sprinklered \_\_\_\_\_ Protection Class \_\_\_\_\_

# of Stories \_\_\_\_\_ # of Buildings \_\_\_\_\_

Total # of Units \_\_\_\_\_ Fireplaces? \_\_\_\_\_

# Vacant Units? \_\_\_\_\_ # of Rental Units? \_\_\_\_\_

# of Owner Occupied \_\_\_\_\_ Any Vacant Buildings? \_\_\_\_\_

Any BBQ or grilling on patios/balconies or within 20 feet of a building? \_\_\_\_\_

Any student housing? \_\_\_\_\_ Any Fraternity or Sorority houses? \_\_\_\_\_

Any subsidized or section 8 housing? \_\_\_\_\_ % of elderly? \_\_\_\_\_

Attach a diagram of premises showing distances between buildings.

Attach a statement of values if blanket limit requested.

Describe surrounding areas \_\_\_\_\_

Updates/Maintenance

Roof: Year Updated? \_\_\_\_\_ Type of roof? \_\_\_\_\_

Plumbing: Year Updated? \_\_\_\_\_

Wiring: Year Updated? \_\_\_\_\_ Type of wiring? \_\_\_\_\_

Fire Protection: Smoke Detectors in every unit? \_\_\_\_\_ Hardwired or Battery? \_\_\_\_\_

If Battery, is there a system in place to maintain and keep in working order? \_\_\_\_\_

Who is responsible? \_\_\_\_\_

Central Station Burglar or Fire Alarm \_\_\_\_\_ Extinguishers in each unit? \_\_\_\_\_

Management on Premises? \_\_\_\_\_ Watchman on Premises? \_\_\_\_\_

Maintenance staff on Premises? \_\_\_\_\_

3-Year Loss History with hard copy loss runs.