



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.