



HABITATIONAL QUESTIONNAIRE

Insured: _____

1. Number of buildings: _____
2. Number of units per building: _____
3. Year built: _____
4. Construction: _____
If construction varies give % of buildings that are:
____ Fire Resistive ____ Non Combustible ____ Masonry ____ Frame
5. Number of stories: _____
6. Smoke detectors? ____ Yes ____ No
7. Amount sprinklered? ____ % If not 100%, what areas are sprinklered? _____
8. Are there at least two means of egress from the building(s)? ____ Yes ____ No
9. Swimming pools? ____ Yes ____ No Depth clearly marked? ____ Yes ____ No
 - A) Number of pools: _____
 - B) Surrounded by at least 4' fence with self locking gate? ____ Yes ____ No
 - C) Diving boards? ____ Yes ____ No Slide(s)? ____ Yes ____ No
10. Playground facilities? ____ Yes ____ No If so, what type of equipment provided? _____
11. Type of wiring? ____ Aluminum ____ Copper ____ Other
12. Balcony cooking? ____ Yes ____ No
13. On-site maintenance staff? ____ Yes ____ No
14. Other occupancies? ____ Yes ____ No
If yes, type of occupancy: _____
15. Any time share operations? ____ Yes ____ No
If yes, percentage of units: _____
16. Is this a controlled access property (with gates, guardhouse, etc.)? ____ Yes ____ No
17. Security service? ____ Yes ____ No Is security armed? _____
Is security Employed by insured or Subcontracted _____
18. Type of parking facilities provided (lots or garages): _____
Type of parking area security (lights, video cameras, guards, etc.): _____
If parking facilities are not owned by the insured, are certificates of insurance obtained from the property owner? ____ Yes ____ No
19. Any lakes or ponds on premises? ____ Yes ____ No If yes, size and depth: _____

HABITATIONAL QUESTIONNAIRE- continued

20. Are there any vehicles used to transfer residents or others? ____Yes ____No
If so, how many vehicles ____seating capacity____ how often _____
Distance traveled_____ (Attach a list of driver's names, dates of birth and license numbers.
21. Any rent subsidized units? ____Yes ____No If yes, number of units: _____
22. Percentage of apartments occupied: _____
Percentage occupied by students: _____
Percentage occupied by elderly: _____
Percentage occupied by halfway houses or mental or drug rehabs: _____

23. REMARKS:

Applicant's Signature: _____ Date: _____