

HABITATIONAL / LESSORS RISK SUPPLEMENTAL APPLICATION

Applicant's Instructions:

- Answer all questions. If the answer to any question is NONE, please state NONE.
- Questionnaire must be signed and dated by owner, partner or officer.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.

Date: _____

Insured Name: _____

Mailing Address: _____

Name & Phone _____

Number of Contact _____ Website address
for Inspection: _____ (if any): _____

HABITATIONAL QUESTIONS

1 a. How many individual living units in total? _____

1 b. List total living unit count for past four (4) years.

1 st prev.	2 nd prev.	3 rd prev.	4 th prev.

2. What % are Rented to Students _____ % Rent Subsidized _____ % Designed for the Elderly _____ % Designed for the Physically Challenged _____ %

3. What is your occupancy rate? _____ % **4.** What is your average monthly rental rate? \$ _____

5. In the past three (3) years, has any of your tenants or guests been the victim of a violent crime on your premises? If "YES," please detail below, including nature of crime (i.e., shooting, sexual assault, etc.) and the location. YES NO

6. Do you perform background checks on prospective tenants? If "YES," please detail below, describing your process. YES NO

7. Which of these safety features does your property offer the tenants and guests?

Gated Community	YES <input type="checkbox"/> NO <input type="checkbox"/>	Deadbolts	YES <input type="checkbox"/> NO <input type="checkbox"/>	Smoke Detectors	YES <input type="checkbox"/> NO <input type="checkbox"/>
Fully Sprinklered	YES <input type="checkbox"/> NO <input type="checkbox"/>	Guards	YES <input type="checkbox"/> NO <input type="checkbox"/>	If "YES," Armed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Emergency Lighting	YES <input type="checkbox"/> NO <input type="checkbox"/>	Exit Signs	YES <input type="checkbox"/> NO <input type="checkbox"/>		

Are guards Employed by Insured or Employed by outside firm? If guards are employed by an outside firm, they must provide our insured with a certificate of insurance holding our insured harmless.

Please detail below any other security and safety controls offered your tenants (i.e., entry controls, etc.).

8. Do you have a resident manager at each location? YES NO Sub-contracted service Your own employee
9. Do you allow your tenants or guests to have pets? YES NO
10. If this is a condominium: What percent of the units are occupied exclusively by the owners and their immediate family? _____ %
- What percent of the units are primarily rented by unit owners to non-owners on a short-term basis? _____ %
- What percent of the units are available for short-term rental and such rentals are managed by an onsite or otherwise full-time rental agency? _____ %

11. Please provide a schedule of locations (Attach separate sheet if necessary):

Address	# Units	Year Built	# Floors	# Pools	Wood or Fire-Resistive

12. Please attach your Primary General Liability company loss runs, valued no later than three (3) months ago and covering all properties for the current year and the prior four (4) years. Do not attach property, workers compensation or automobile loss runs – Primary GL only, please.

LESSORS RISK QUESTIONS

1. Do you own these properties or are you a contracted management company ?
2. How long have you been in business? _____ 3. What is your occupancy rate? _____
4. What is your average rental rate per square foot? \$ _____
5. In the past three (3) years, has any of your tenants or guests been the victim of a violent crime on your premises? If "YES," please detail below, including nature of crime (i.e., shooting, sexual assault, etc.) and the location. YES NO

6. Which of these safety features does your property offer the tenants and guests?
- Smoke Detectors YES NO Fully Sprinklered YES NO
- Guards YES NO If "YES," are guards armed? YES NO
- Emergency Lighting YES NO Exit Signs YES NO
- Are guards Employed by Insured or Employed by outside firm? If guards are employed by an outside firm, they must provide our insured with a certificate of insurance holding our insured harmless. Please detail below any other security and safety controls offered your tenants (i.e., entry controls, etc.).

7. Do you have a building superintendent at each location? YES NO Sub-contracted service Your own employee

8. Please provide a schedule of locations (Attach separate sheet if necessary):

Address	Office Merch Warehse	Year Built	# Floors	Square Footage		Const. Type
				Building	Parking	

9. Please attach your Primary General Liability company loss runs, valued no later than three (3) months ago and covering all properties for the current year and the prior four (4) years. Do not attach property, workers compensation or automobile loss runs – Primary GL only, please.
10. Please attach a copy of your standard lease agreement and your requirements for insurance on all hired subcontractors.
11. Do you require all your commercial tenants to carry a minimum of \$1,000,000 General Liability coverage and name you as an Additional Insured-Landlord? YES NO
12. Do you require all your commercial contractors working at the listed locations to carry a minimum of \$1,000,000 General Liability coverage and name you as an Additional Insured? YES NO

The undersigned Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the Applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant further understands that, if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

Signature of Applicant

Title (Officer, Partner, etc.)

Date

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER TO PRODUCE INSURANCE.