



1. Is this business new to the agency? Yes No Have you seen all locations in the past 30 days? Yes No
2. How many years experience does the named insured have in owning / managing apartments? Years
Employee Other Name:
3. Who does the day to day property management?
Owner
Name Phone Number
4. Contact Person & Phone number for Loss Control Inspection:
5. Does Insured or Property Manager reside within 25 miles of properties? Yes No
6. Is there a 24/7 contact for emergencies? Yes No
7. How many tenant evictions have there been in the past 3 years? What was the percent of turnover last year? %
8. How is tenant screening done? (select all that apply) Credit Check Personal Interviews Employment checks
 Leasing agent Criminal Checks Referrals Not done
9. Are certificates required from contractors? Yes No
10. Does the insured prohibit the use of grills on balconies porches or decks? Yes No
11. Are background checks and checks for criminal convictions done on all new employees? Yes No No Employees
12. What type of lease is required? Annual Written Leases Month-To-Month Written Leases No Leases
13. Does the lease require tenants to carry liability insurance? Yes No
14. Is there a procedure to monitor compliance with insurance requirements?
Yes - If Yes, Describe in Comments No % Annual rental income: \$
15. Describe Pet Policy:
16. Average annual occupancy rate:
17. Is there maintenance contract for heating equipment? Yes No
18. Who performs snow and ice removal? Insured Contractor Tenant Not a cold weather state
19. If Insured or Contractor performs snow and ice removal, are snow removal logs kept? Yes No
20. Sporting or social events sponsored? Yes - If Yes, Describe in Comments No
21. Is there a Fireplace or Woodstove? Fireplace Woodstove No
If Yes, is there a program for annual flue / chimney cleaning? Yes No
22. Are any buildings vacant or unoccupied, under demolition, renovation or have demolition or renovation planned? Yes - If Yes, Describe in Comments No
23. What kind of Smoke Detectors are in the buildings? None Battery in units and all common areas
 Battery in units and hard-wired in common areas Hard-wired throughout Manual pull alarms in common areas
For Battery in units, do you keep a log of battery replacement and inspection? Yes No
24. Are there any stove top fire suppression systems? Yes - If Yes, Describe in Comments No

25. Are any buildings to be insured converted from another occupancy?

Yes - If Yes, Describe in Comments

No

(i.e. school, warehouse etc.)

26. Do any locations have underground fuel tanks?

Yes No

If yes, list the location:

Date of the last test for leaking:

What year was it installed?

What is the tank made of: Double Steel Steel Coated Fiberglass

27. Do any locations have a pool?

Yes

If Yes:

In-Ground

Above Ground

No Are rules posted?

Yes No

Is there a (select all that apply):

Fence

Diving Board

Slide

Safety Drain

28. Do any locations have a playground?

Yes - If Yes, Describe in Comments

No

29. Do any buildings have Dryvit / EIFS construction?

Yes - If Yes, indicate which buildings in Comments

No

30. Do any buildings have knob and tube wiring? (knob and tube wiring is ineligible)

Yes - If Yes, indicate which buildings in Comments

No

31. Do any buildings have fuses? (Fuses must have fusestats to prevent over-fusing)

Yes, indicate which buildings in Comments

No

32. Do any buildings have amperage less than 100?

Yes - If Yes, indicate which buildings in Comments

No

33. Do any buildings have aluminum wiring?

Yes - If Yes, indicate which buildings and method of remediation in Comments

No

34. Are there any day care facilities?

Yes

No

Are day care facilities operated or controlled by the insured?

Yes

No

Slab

Crawl Space

Full

Which basements if any are finished?

40. Does the risk include Student (if yes complete questionnaire)

41. Any mercantile exposure? Yes

42. Any building with a wood shingle or wood mansard roof?

Yes No, indicate location/building #

Describe the non-standard method of egress.

35. Are there any armed security guards?

Yes

No

Is there entry security?

Yes

No

Describe the building security including main entry, lighting and alarms:

36. Are all locations under common ownership/management?

Yes

No

37. Any other business owned or operated by the insured? (if yes, describe in comments)

Yes

No

38. If frame, how many feet from neighboring frame buildings?

39. Describe the basement of each location by inserting the location # in the space that best describes the basement.

Partial

Senior Tax Credit or Public housing?

No

Total sq. ft.

% of total account

No

Yes, indicate locations

43. Any 1-4 family dwelling type with a flat roof?

No

Yes, indicate location/building #

44. Are there 2 standard means from all units?

ATTACH A COPY OF THE STANDARD LEASE

Comments:

Insured's Signature

Date

Agent's Signature

Date