

HABITATIONAL QUESTIONNAIRE

Insured:	Agent:	Agent Code:
Address:	Date:	
	Account/Policy #:	
Insured's Website Address:		

PLEASE PROVIDE DETAILS FOR THE FOLLOWING ITEMS:

1.	<p>Building condition, maintenance and updates:</p> <p>Overall condition of property: <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> fair <input type="checkbox"/> below average</p> <p>Age of roof: Year of electrical system updates:</p> <p>Property de-lead? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Condition of roof? <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> fair <input type="checkbox"/> below average</p> <p>Year of updates to roof: Year of plumbing system updates: Year of heating system updates: Property built post 1965? <input type="checkbox"/> Yes <input type="checkbox"/> No Property and systems inspected by certified contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Was building converted from another occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: If multiple/mixed occupancy, list other occupants:</p> <p>Are any of the following heat sources present in any of the units: Fireplaces (wood or coal burning), wood pellet stoves, coal stoves, gas on gas stoves or space heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are contractors used for snow removal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are contractors used for yard maintenance/landscaping? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, does insured secure certificate of insurance for auto and general liability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does insured have a contractual risk transfer program in place with contractors used to repair or maintain the insured's property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the property contain any aluminum wiring? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any Federal Pacific Electric (FPE) Stab Lok circuit panels or FPE Stab Lok circuit breakers contained in the electrical system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
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2.	<p>Total number of units: Number of Floors:</p> <p>Percentage Occupied: %</p> <p>For Condominiums or Co-Ops, list number owner occupied:</p> <p>For the following, if the answer is yes, list number of units</p> <p>Any undergraduate student occupied units? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any units with residents not capable of independent living? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any units with residents that require assisted living? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any vacant units? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe tenant's care for the property:</p>	<p># Units</p>
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3.	<p>Crime/Vandalism/Malicious mischief exposure:</p> <p>Are any adjacent buildings vacant or under renovation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
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Comments: _____

