

Habitational Questionnaire

Named Insured: _____

Agency Name: _____

General Information

- 1) Is there an on-site manager? Yes No
If yes, hours available _____
- 2) Percentage occupied: _____%
- 3) Percentage occupied by: student housing _____ %, subsidized _____ %, elderly _____ %
- 4) Any daily or weekly rental options offered? Yes No
- 5) What is the average length of tenant occupancy? _____
- 6) Is a tenant application required? Yes No
(Please attach a copy.)
- 7) Is a criminal background check done on all potential tenants? Yes No
- 8) Is a credit check done on all potential tenants? Yes No
- 9) Are references verified on all potential tenants? Yes No
- 10) Are tenants required to carry renter's liability insurance? Yes No
 - a) If yes, is a certificate requested? Yes No
 - b) What limits are required? _____
- 11) If dogs are permitted is there a list of prohibited breeds? Yes No
- 12) NY & NH: Any buildings built prior to 1978? Yes No
If yes, has all lead paint exposure been removed? Yes No
- 13) Are there any commercial occupancies in the buildings? Yes No
If yes, describe: _____
- 14) Is there an elevator on premises? Yes No
If yes, is an elevator maintenance agreement in force? Yes No
- 15) Any aluminum wiring still in the buildings? Yes No
If yes, have all outlets been pigtailed and checked by a licensed electrical contractor within the past 5 years? Yes No
- 16) Any buildings originally built for other types of occupancies? Yes No
If yes, describe: _____
- 17) Any time-share operations? Yes No
If yes, what percentage _____ %
- 18) Who performs snow and ice removal: insured contractor tenant
If contractor, are Certificates of Insurance required? Yes No

Fire Safety Information

- 1) Do all units have Stovetop Automatic Extinguishing Systems? Yes No
 - a) If no, what percentage has an AES over the stove? _____%
 - b) If no, describe any plans for future installation. _____

- 2) Do all stairwells have emergency lighting? Yes No N/A
- 3) Are interior stairways enclosed and equipped with self-closing fire doors on each floor? Yes No N/A
- 4) Are fire doors equipped with panic hardware? Yes No
- 5) Are there at least two means of egress from each unit above the second floor? Yes No
 - a) From each building? Yes No
- 6) Is balcony cooking permitted? Yes No N/A
- 7) Do any units have fireplaces installed? Yes No N/A
 - If yes, are they 100% masonry construction? Yes No
- 8) Are tenants permitted to have space heaters? Yes No
- 9) Are smoke detectors installed in all units? Yes No
 - a) If yes, what percentage of units have hard-wired smoke detectors? _____ %
 - b) What percentage of units are battery operated? _____ %
 - c) If battery operated, do they have 10-year lithium batteries? Yes No
 - d) If yes, what percentage have the 10-year lithium batteries? _____ %
 - e) How often are detectors tested? _____
 - f) How often are non-lithium batteries replaced? _____
- 10) If units are equipped to burn gasoline, propane, natural gas, oil or wood are carbon monoxide detectors installed? Yes No Not Applicable
 - a) If yes, what percentage of units have plug-in detectors? _____ %
 - b) What percentage of units are battery operated? _____ %
 - c) If battery operated, do they have 10-year lithium batteries? Yes No
 - d) If yes, what percentage have the 10-year lithium batteries? _____ %
 - e) How often are detectors tested? _____
 - f) How often are non-lithium batteries replaced? _____
- 11) Are all buildings designated as non-smoking including balconies? Yes No
 - a) If no, explain: _____
 - b) Describe location of any designated smoking areas including distance from buildings:

- 12) What is the distance between buildings: _____
 - a) Is the area between buildings clear of trees and other shrubbery? Yes No
 - b) If no, please describe or attach photos: _____

Security Information

- 1) Is this a controlled access property with gates? Yes No
 - a) Fully fenced? Yes No
 - b) Guardhouse? Yes No
- 2) Are all unit entry doors equipped with deadbolts? Yes No
- 3) If any units have sliding glass doors are they equipped with additional locks? Yes No
- 4) Are there any security guards on premises? Yes No
If yes, provide details including armed/unarmed, off-duty police/independent firm or employees:

- 5) Are criminal background checks done on employees? Yes No

Swimming Pool Information

- 1) Number of pools: _____
- 2) Are pools entirely fenced? Yes No
Limited access to tenants and guests only? Yes No
- 3) Self-closing and self-latching gates? Yes No
- 4) Any lifeguards? Yes No
 - a) Employees or subcontracted
 - b) If subcontracted, does the contract require additional insured status? Yes No
 - c) If subcontracted, does the contract require the subcontractor provide a waiver of subrogation? Yes No
 - d) If subcontracted, does the contract include hold harmless/indemnification wording to protect our insured? Yes No
 - e) Are lifeguards following generally accepted procedures? Yes No
If so, which set: _____
 - f) Are lifeguards trained and certified in first aid and CPR? Yes No
- 5) Are warning signs and rules clearly posted? Yes No
- 6) Any diving boards? Yes No
 - a) What is the height? _____
- 7) Any slides? Yes No **(If yes, provide photo.)**
- 8) Any overhangs or buildings within 10 feet of pool edge? Yes No
- 9) Is there a working telephone within the pool area? Yes No
- 10) Is lifesaving equipment available at the pool site (rings, ropes, and grab hook)? Yes No
- 11) Is first aid kit available at pool site or office? Yes No
- 12) Are pools equipped with safety drain/intake covers? Yes No

Other Exposure Information

- 1) Describe any health club or recreational facilities: _____
- 2) Any parks or playgrounds? Yes No
If yes, provide detailed description of equipment, shelters etc. _____

- 3) Any sauna or spa facilities? Yes No
If yes, provide details of access, and supervision: _____
- 4) List any other exposures such as lakes, ponds, roads, hiking trails etc.: _____

- 5) Any watercraft, docks, floats? Yes No
If yes, are they owned, hired, leased. Provide details _____
