

Real Estate - Habitational Specific Questions

Has the applicant owned or managed all of the underlying scheduled locations for at least three (3) years?

Yes No

Number of locations on the scheduled underlying policies: _____

Is any building more than 40% vacant or unoccupied?

Yes No

Does the applicant require all vendors and subcontractors to maintain limits of at least \$1 million per occurrence in General Liability insurance and name the applicant as an additional insured?

Yes No

Are any locations rented to or occupied by the following types of operations (including, but not limited to the examples shown):

- Heavy Manufacturing
 - Concrete production
 - Resource extraction, oil/gas refining, or power generation
 - Marine/aviation/automobile manufacturing
 - Pharmaceutical or Chemical manufacturing
- Hazardous waste or material
 - Fireworks storage or production
 - More than 25% of storage capacity is derived from chemicals, pesticides, toxic waste, fuels, or highly flammable materials (2,3 or 4 on HMIS flammability rating)
- High hazard premises
 - Lodging for homeless, shelters, dormitory-styled or shared living spaces, or extended stays (greater than 30 days) without a lease
 - Medical offices with overnight stays (inpatient services), surgery centers, or abortion clinics
 - Shooting ranges, gun sales, or gunsmithing operations
 - Cannabis sales or grow operations
 - Airport/seaport premises

Yes No

Are any of the following operations or exposures present in any of the units owned by the applicant?

- Sorority/Fraternity Housing
- Nursing homes
- Assisted living
- Medical emergency alert such as pull chords or panic buttons
- Medical Facilities, including hospitals
- Meal Services

Yes No

Is the applicant/risk a co-op?

Yes No

Is the risk Tenant or Owner occupied (circle one)

Are there any plans by the applicant to develop any property or conduct any construction work, other than minor renovations and repairs, over the next 18 months?

Yes No

Does the applicant have a swimming pool, sauna, or hot tub?

Yes No

Which of the following, if any, does the applicant operate?

- Short-Term Vacation Rentals. (residential units leased in increments of 30 days or less; not corporate temporary housing) Yes No
- Rooftop Patio Yes No
- Bar/Lounge Yes No
- Shuttle Service Yes No
- Childcare Services on Premises? Yes No

Number of stories_____

- Is the building 100% sprinklered? Yes No
- Are all units and communal areas equipped with smoke detectors and fire extinguishers? Yes No
- Are all buildings in compliance with local and state ordinances and building codes? Yes No
- Is a **secondary** means of egress provided? and are clearly marked and free of obstructions? Yes No

Have any crimes occurred or been attempted on any of the applicant's premises within the last three years?

Yes No

Named Insured: _____

_____, 20____
Signature of Producing Agent/Broker Date

Printed Name: _____

Name & Title of Producing Agent/Broker