

Commercial Residential Property Supplemental Questionnaire

Named Insured: _____

I. BUILDING

- Do any buildings have any existing damage? ☐ Yes ☐ No
- Has applicant(s) ever reported any potential sinkhole, settlement, or cracking damage or loss to any building or other property or have any knowledge that any prior owner of any building reported any such damage or loss? ☐ Yes ☐ No
- Does any building have cracking? ☐ Yes ☐ No
- Have there been any updates to the building(s) ☐ Yes ☐ No
If yes, please describe: _____
- Has the roof been replaced? If Yes, what year _____ ☐ Yes ☐ No
- Is there any unrepaired damage from a prior loss to any building(s)? ☐ Yes ☐ No
If yes, please describe: _____

II. CONSTRUCTION

- Is there any aluminum wiring in the buildings? ☐ Yes ☐ No
- Is any building under construction, renovation, repair or conversion? ☐ Yes ☐ No
- Does any building contain lead paint in interior or exterior areas? ☐ Yes ☐ No
- Does any building, exterior component, fixture or feature include exterior insulation and finish system (EIFS) or drivet construction? ☐ Yes ☐ No
If yes, please explain: _____
- Do any buildings have wood or cedar shake roof/shingles? ☐ Yes ☐ No
- Do any buildings have wallboard imported or suspected of being imported from China? (this includes drywall and plasterboard and is commonly referred to as "Chinese drywall") ☐ Yes ☐ No
- Are there any known or suspected construction defects to the property? ☐ Yes ☐ No
- Has the building usage changed from the original intent (for example, Apartment Conversion)? ☐ Yes ☐ No

III. RESIDENTIAL OCCUPANCY

- # of total units: _____ # of Owner occupied units: _____ # Vacant units: _____
- # of Rented units (condo): _____ # Bank owned units _____ # Student units _____
- # of Seasonal owner units: _____ # Developer owned units _____
- Are seasonal units required to shut off water while unoccupied? ☐ N/A ☐ Yes ☐ No
- Is the property considered a timeshare? ☐ Yes ☐ No
- Are short term rentals allowed? ☐ Yes ☐ No
If yes, please note daily, weekly, monthly, or other: _____
- Does any building contain mercantile or office occupancies? (other than offices used for rental & building management purposes) ☐ Yes ☐ No
If yes, please describe: _____
- Is grilling on balconies permitted? ☐ Yes ☐ No
If yes, what type of grills are permitted? ☐ Charcoal ☐ Propane ☐ Electric
- Is any building less than 31% occupied? ☐ Yes ☐ No
- Does any building contain subsidized housing? ☐ Yes ☐ No
- Are any units currently delinquent on dues? ☐ Yes ☐ No
If yes, how many: _____

IV. SAFETY/SECURITY

- Are all units equipped with hard wired or battery type smoke detectors with procedure for maintaining in working order? ☐ Yes ☐ No

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Are all buildings equipped with current tagged fire extinguishers which are properly mounted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any current or recent cited violations of fire or life safety codes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

V. MANAGEMENT / OPERATIONS

Is the named insured a developer or property manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any prior, existing, pending, or planned litigation with regard to the insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Apartment only</i> - Is apartment managed by a resident property manager, owner residing in the complex or property management company with a minimum of three years experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VI. LOCATION

Is the property located in Flood zones A or V?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please attach Flood Declarations Page at binding		

APPLICANT'S SIGNATURE

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I hereby represent that I have read and answered all questions on the application and that all information is accurate and complete. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines. Further, I understand the company routinely requests credit reports on applicants.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

X _____
Applicant's Signature **Date**

AGENT'S SIGNATURE

The undersigned hereby declares that to the best of my knowledge, all information contained herein is correct; that this form was completed with the applicant and signed by the applicant. I also certify that all questions on the application have been asked to and answered by the application. No coverage was bound by me until all questions were answered by the application and the application was signed by the applicant.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

X _____
Agent's Signature **Date**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Commercial Residential Property Supplemental Questionnaire**Named Insured:** _____**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is already included in your current policy. You should know that under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States Department of Treasury pays 85% of covered terrorism losses exceeding the deductible established by the Treasury paid by the insurance company providing the coverage. You may elect to have terrorism coverage added to your policy.

☐ I acknowledge that I have been notified that under the Terrorism Risk Insurance Act, as amended, any losses caused by certified acts of terrorism under my policy coverage will be partially reimbursed by the United States Department of Treasury and I have been notified of the amount of my premium attributable to such coverage.

☐ I hereby elect to have the **exclusion for terrorism** coverage added to my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

X _____
Applicant's Signature **Date**