

GENESEE GENERAL

HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE

Apartments, Hotels & Motels

(*Complete in addition to an Acord Application*)

1. Name: _____
2. Location: _____
3. Age: _____ Years Owned By Assured: _____
 - A. If Over 15 Years, Need Year Of Updates:
Roof: _____ Electrical: _____ Plumbing: _____ Heating: _____
 - B. Any Periodic Check Of Stairs, Balconies, Etc.? Yes No How often? _____
4. Occupancy: _____ % Less Than 90%, Explain: _____
 - A. Any Government Subsidized Housing? Yes No If Yes, What Percent? _____
 - B. Any Student Renters? Yes No If Yes, What Percent? _____
 - C. Management On Site? Yes No
 - D. Maintenance On Site? Yes No
5. Construction: _____ Roof Construction: _____
 - A. Number Of Stories? _____ If Over Three (3) Stories, Are Interior Stairways Enclosed And Equipped With Self-Closing Fire Doors On Each Floor? Yes No
 - B. Square Footage: _____
 - C. If Multiple Buildings, What Is The Separation Between Buildings? _____
6. Annual Rental Income: \$ _____
 - A. Monthly: 1 Bedroom _____ 2 Bedroom _____ Other _____
7. Number Of Buildings: _____ Number Of Units: _____
8. Type Of Wiring: _____ If Aluminum, Updated? Yes No
 - A. If Aluminum, Are All Receptacles And Switches Fixed Using The CopAlum Crimp Method? Yes No
9. Smoke Alarm? Yes No Battery: Yes No Hardwired? Yes No
Kitchen Area? Yes No Hallway Leading To Bedroom? Yes No
Common Interior Hallways & Stairways? Yes No Other? _____
10. Swimming Pool (S)? Yes No
 - A. Pool (S) Fenced? Yes No
 - B. Self Closing And Locking Gate? Yes No
 - C. Diving Board (S)? Yes No
 - D. Pool Rules Posted? Yes No
 - E. Lifesaving Equipment (I.E. Life Ring, Shepherds Hook) In Pool Area? Yes No

11. Playground (S)? Yes No If Yes, How Is It Secured? _____

A. Type Of Surface (I.E. Asphalt, Grass, Sand)? _____

12. Tennis Courts? Yes No If Yes, How Many? _____

13. Other Recreational Facilities? Yes No Provide Full Details: _____

14. Entire Property Fenced? Yes No Automatic Access Gate? Yes No

15. Private Security? Yes No Employed? Yes No Subcontracted? Yes No

If Subcontracted, Are Certificates Of Insurance Obtained And Are You Named As Additional Insured? Yes No

A. Armed? Yes No B. Unarmed? Yes No

A. Days Of Week? _____ B. Hours On Duty: _____

16. Are Tenants Screened Prior To Leasing? Yes No

A. Credit Check? Yes No B. Criminal Checks? Yes No

17. Are Employees Screened? Yes No

A. References? Yes No B. Prior Jobs? Yes No

C. Credit Checks? Yes No D. Criminal Checks? Yes No

18. Crime And Vandalism In Neighborhood: High _____ Medium _____ Low _____

19. Are Tenants Informed Of Crime And Vandalism Activity? Yes No

20 Is There Any Regular News Bulletins By Assured? Yes No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he his facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer: _____

Signature: _____

Signature: _____

Date: _____

Date: _____