

APARTMENT, CONDOMINIUM & SENIOR HOUSING QUESTIONNAIRE

BUSINESS NAME: _____

CONTACT NAME: _____ PHONE: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____

CITY: _____ ST _____ ZIP _____

OWNERSHIP

____ Individual ____ Corporation ____ Non-Profit Corporation ____ Partnership

____ Other: _____

BUILDING CHARACTERISTICS:

Construction Type: (Select) Frame _____ Brick _____ Non-Combustible _____

Number Of Units:

Number Of Stories:

Approximate Square Feet:

Annual Rental Income:

Year Built:

Year Updated: Roof _____; Electric _____, Plumbing _____, Heating/Air
Conditioning _____

Type Of Electric: Fuses _____ Circuit Breakers _____

Type Of Heating: Boiler _____; Gas Forced Air _____; Space Heaters

Protection Devices: Smoke Detectors _____; Fire Alarms _____; Burglar Alarms _____;
Sprinklers _____; Emergency Lighting _____

Number Of Swimming Pools: _____

Number Of Playgrounds:

Please provide a description of the property including any additions or upgrades that should be considered:

CURRENT COVERAGES:

Building Limit:

Contents Limit:

Deductible:

General Liability Limits:

Director's & Officer's Liability Limit:

Number Of Directors And Officers:

Current Insurance Company:

Expiration Date:

Annual Premium:

Describe Any Losses Over \$5,000:

Completion Of This Questionnaire Does Not Afford Coverage And Is Used For Quoting Purposes Only.

ADDITIONAL COVERAGES REQUESTED:

WORKERS COMPENSATION, AUTOMOBILE, CRIME, UMBRELLA, OTHER