



**Real Estate Habitational Questionnaire**

Name of Insured: \_\_\_\_\_ Effective Date of Coverage Requested: \_\_\_\_\_

Address of Property: \_\_\_\_\_ Current Property, Liability, and/or Package Carrier(s): \_\_\_\_\_

Alternate Address #1 \_\_\_\_\_

Alternate Address #2 \_\_\_\_\_

Alternate Address #3 \_\_\_\_\_

City, State Zip \_\_\_\_\_

**Building Information:**

Number of Buildings: \_\_\_\_\_

Number of Stories: Bldg #1: \_\_\_\_\_ Bldg #2: \_\_\_\_\_ Bldg #3: \_\_\_\_\_ Bldg #4: \_\_\_\_\_ Bldg #5: \_\_\_\_\_

Number of Units: \_\_\_\_\_ (In total)

Number of units in each building: Bldg #1: \_\_\_\_\_ Bldg #2: \_\_\_\_\_ Bldg #3: \_\_\_\_\_ Bldg #4: \_\_\_\_\_ Bldg #5: \_\_\_\_\_

Occupancy: \_\_\_\_\_ (Residential/Commercial/Mixed) Percent Occupied: \_\_\_\_\_ %

What type of building ownership is it (Co-op/Condo/Rental/Condop)? \_\_\_\_\_

Are all the units sold? \_\_\_\_\_ (Yes/No) How many unsold units: \_\_\_\_\_

**Square Footage of Building(s):**

Building #1 \_\_\_\_\_

Building #2 \_\_\_\_\_

Building #3 \_\_\_\_\_

Building #4 \_\_\_\_\_

Building #5 \_\_\_\_\_

Type of Construction: \_\_\_\_\_ (Joisted Masonry/Brick/Fire Resistive)

Year Built: \_\_\_\_\_

Number of Elevators: \_\_\_\_\_

Number of Board Members \_\_\_\_\_

Are there two (2) means of egress on each floor and from the building? \_\_\_\_\_ (Yes/No)

Does the building have sprinklers? \_\_\_\_\_ (100% Fully/Partially)

If not fully 100% sprinklered, which areas of the building contain sprinkler's \_\_\_\_\_

**Building Exposure Limits:**

Building Limit	\$
Building Personal Property	\$
Residential Rent/Maintenance Charges	\$
Commercial Rent/Maintenance Charges	\$
Parking Garage Fees	\$
Health Club Fees	\$
Other Fees collected by the building from Tenants	\$



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**Building Update:**

Roof	
Wiring	
Plumbing	
Windows	
HVAC	
Interior Paint	

- Are the floors over the basement fire resistive? \_\_\_\_\_ (Yes/No)
- Are the stairwells enclosed? \_\_\_\_\_ (Yes/No) Standpipe in Stairwells? \_\_\_\_\_ (Yes/No)
- Aluminum wiring? \_\_\_\_\_ (Yes/No)
- Emergency Lighting in Stairwells? \_\_\_\_\_ (Yes/No) In Hallways? \_\_\_\_\_ (Yes/No)
- Does the building have Standpipes? \_\_\_\_\_ (Yes/No)
- Is there annunciator panel? \_\_\_\_\_ (Yes/No)
- Manual Pull \_\_\_\_\_ (Yes/No)
- Central Station Fire Alarm? \_\_\_\_\_ (Yes/No)
- Central Air Condition Fire Alarm? \_\_\_\_\_ (Yes/No)
- Emergency Evacuation Plan in Place? \_\_\_\_\_ (Yes/No)
- Exterior Fire Escapes? \_\_\_\_\_ (Yes/No)
- Hard-wired Smoke Detectors? \_\_\_\_\_ (Yes/No) Battery, Hardwired, or Both: \_\_\_\_\_
- Smoke Detectors installed: in all Apartments? \_\_\_\_\_ (Yes/No)  
In all the Common Areas? \_\_\_\_\_ (Yes/No)
- Illuminated Exit Signs: \_\_\_\_\_ (Yes/No)
- Circuit Breaks in all Apartments? \_\_\_\_\_ (Yes/No)
- Two Means of Egress on each floor? \_\_\_\_\_ (Yes/No)  
Two mean of egress from the Ground Floor and Basement? \_\_\_\_\_ (Yes/No)
- Doorperson 24 hours, 7 days a week? \_\_\_\_\_ (Yes/No) If part time, indicate the hours \_\_\_\_\_
- Security Super resides on premises \_\_\_\_\_ (Yes/No)  
TV Monitors \_\_\_\_\_ (Yes/No)  
Intercom \_\_\_\_\_ (Yes/No)  
Buzzer \_\_\_\_\_ (Yes/No)  
Burglar alarms at unattended entries \_\_\_\_\_ (Yes/No)
- Is there a swimming pool on premises? \_\_\_\_\_ (Yes/No)  
Is there a diving board? \_\_\_\_\_ (Yes/No) Is the pool fenced in? \_\_\_\_\_ (Yes/No)  
Is there a life-guard on duty? \_\_\_\_\_ (Yes/No) Are the hours posted? \_\_\_\_\_ (Yes/No)
- Is there a daycare center? \_\_\_\_\_ (Yes/No)
- Is there a gym or health-club on the premises? \_\_\_\_\_ (Yes/No)
- Property maintenance and inspection program in place \_\_\_\_\_ (Yes/No)
- Is the building under current construction or renovation? \_\_\_\_\_ (Yes/No)
- Does the owner/property management company maintain a file for the following documents from Contractors doing work at the building?



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Current certificates of insurance for contractors? \_\_\_\_\_ (Yes/No)

Signed Hold Harmless and Indemnification Agreement? \_\_\_\_\_ (Yes/No)

Please attach a copy of lease and any and all certificates of insurance, hold harmless and indemnifications agreements from current contractors doing work at the building

Indoor Parking Garage? \_\_\_\_\_ (Yes/No)      Number of Spaces: \_\_\_\_\_      Total Square Footage: \_\_\_\_\_

Outdoor Parking Garage? \_\_\_\_\_ (Yes/No)      Number of Spaces: \_\_\_\_\_      Total Square Footage: \_\_\_\_\_

Is the garage operated by the building or by a independent third party company? \_\_\_\_\_

Name of Third Party Operator: \_\_\_\_\_

If operated by the building, is there an attendant that parks the cars, or is it self park? \_\_\_\_\_

If leased to a third party, is the building an additional insured on the garaged operator's insurance policies and is there a hold harmless and indemnified provision in the lease in favor of the building? \_\_\_\_\_ (Yes/No)

Does the building own any automobiles? \_\_\_\_\_ (Yes/No) If so, how many? \_\_\_\_\_

Are there Professional Offices in the building? \_\_\_\_\_ (Yes/No)

Is there a separate entrance? \_\_\_\_\_ (Yes/No)

Number of Professional Units \_\_\_\_\_

**Commercial Occupancy:**

	Type	Square Footage	Separate Entrance (Yes/No)
Commercial Occupancy #1			
Commercial Occupancy #2			
Commercial Occupancy #3			
Commercial Occupancy #4			
Commercial Occupancy #5			

Do you require certificates on insurance from all commercial tenants? \_\_\_\_\_ (Yes/No)

Is there a cleaning operation on premises? \_\_\_\_\_ (Yes/No)

Please attach a copy of certificates of insurance from any and all of the buildings' commercial tenants

Have you ever had a loss or claim which resulted in an allegation of property damage and/or bodily injury due to mold?

\_\_\_\_\_ (Yes/No)      If yes, please explain: \_\_\_\_\_

Any issues with ongoing leaks whether plumbing or roof related? \_\_\_\_\_ (Yes/No)

If yes, please explain: \_\_\_\_\_

Please explain how the building responds to water damage losses or tenant's property losses: \_\_\_\_\_

Is the claim or loss corrected internally or does the building generally use outside contractors: \_\_\_\_\_

**Complete if the building was built prior to 1978:**

Are there children under 9 years of age currently living in the building? \_\_\_\_\_ (Yes/No)

Have the windows been replaced? \_\_\_\_\_ (Yes/No)

Has Asbestos been abated: \_\_\_\_\_ (Yes/No)      \_\_\_\_\_ Year Asbestos was abated



**Real Estate Habitational Questionnaire**

How was it abated: \_\_\_\_\_

Is there lead paint on any interior or exterior surface of the building? \_\_\_\_\_ (Yes/No)

Has lead paint on the interior or exterior part of the building been covered over? \_\_\_\_\_ (Yes/No)

Is there lead paint chipping, flaking, or otherwise coming off any interior or exterior surface of the building? \_\_\_\_\_ (Yes/No)

Has the insured ever received complaints from any tenant at the building of a possible lead paint condition at the building?

\_\_\_\_\_ (Yes/No) If so, when? \_\_\_\_\_

Has the building been notified of any lead paint violations or any other hazardous conditions? \_\_\_\_\_ (Yes/No)

If so, what has been done to correct this exposure? \_\_\_\_\_

Has any lead paint abatement or removal ever been done at the building? \_\_\_\_\_ (Yes/No)

**Notice to New Jersey 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”

“The Applicant represents and warrants to the Company that the product being sought by the applicant under the application for insurance is not being obtained primarily for personal, family or household purposes.”

**Notice to New York 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”

**BY SIGNING THE QUESTIONNAIRE, THE INSURED ACKNOWLEDGES AND UNDERSTANDS THAT THE INSURANCE COMPANY IS RELYING ON THE INFORMATION PROVIDED IN DECIDING WHETHER OR NOT TO ISSUE A POLICY OF INSURANCE. A FALSE STATEMENT ON THIS DOCUMENT MAY RESULT IN THE CARRIER DISCLAIMING OF A CLAIM.**

**Building:**

\_\_\_\_\_  
Date: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature

**Insurance Broker:**

\_\_\_\_\_  
Date: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature