

**Red Shield Insurance Company®**

1411 SW Morrison Street, Suite 400
 Portland, OR 97205-1945
 800-527-7397 • Fax 800-742-5176

**HABITATIONAL
SUPPLEMENTAL QUESTIONNAIRE**

NAME
APPLICANT'S NAME
LOCATION
OCCUPIED AS <input type="checkbox"/> APARTMENT <input type="checkbox"/> RENTAL DWELLINGS <input type="checkbox"/> OTHER

MONTHLY RENTAL		
1 BDRM	ANNUAL RENTAL INCOME	OCCUPANCY RATE % <small>(LAST 3 YEARS)</small>
2 BDRM		
3 BDRM	NUMBER OF BUILDINGS	NUMBER OF UNITS
OTHER		

DOES APPLICANT HAVE ANY TAX LIENS, PAST DUE ACCOUNTS, OR PRIOR / PENDING BRANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN	
ANY TIMESHARE, SHORT-TERM OR SEASONAL RENTALS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ANY OUTSTANDING INSURANCE COMPANY RECOMMENDATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST TIME INSPECTED BY FIRE DEPARTMENT	
ANY RECOMMENDATIONS?	
HAS A MORTGAGE EVER BEEN DECLINED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TENANTS SCREENED PRIOR TO LEASING? <input type="checkbox"/> YES <input type="checkbox"/> NO
CREDIT CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO	CRIMINAL CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO

A. PROPERTY

1. ANY SUBSIDIZED HOUSING? (N/A IN OR & UT)	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT PERCENT? %
2. ANY STUDENT RENTERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT PERCENT? %
3. IS THERE A MANAGER ON SITE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YEARS EXPERIENCE
IS BACKGROUND CHECKED ON MANAGER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. IF MULTIPLE BUILDINGS, INCLUDE DIAGRAM AND DISTANCE BETWEEN BUILDINGS		
TYPE OF SIDING?	WHEN LAST PAINTED?	
5. WHEN WAS THE LAST TIME THE FOLLOWING WERE CHECKED/UPDATED BY A QUALIFIED PERSON & HOW OFTEN?		
ROOF	TYPE	AGE
	LAST INSPECTED	FREQUENCY
SIDING	LAST INSPECTED	FREQUENCY

ELECTRIC	LAST INSPECTED	FREQUENCY
PLUMBING	LAST INSPECTED	FREQUENCY
WATER HEATERS	LAST INSPECTED	FREQUENCY
HEATING	LAST INSPECTED	FREQUENCY
BALCONIES	LAST INSPECTED	FREQUENCY

6. WHAT TYPE OF WIRING

MEETS NFPA? YES NO

CIRCUIT BREAKERS YES NO

IF ALUMINUM, UPDATED? YES NO DATE

ARE ALL RECEPTACLES AND SWITCHES FIXED USING THE COPALUM CRIMP METHOD? YES NO

7. SMOKE ALARMS YES NO BATTERY HARDWIRED

HOW OFTEN CHECKED? BATTERY RESPONSIBILITY

WHERE LOCATED?

COMMON AREAS HAVE FIRE EXTINGUISHERS? YES NO LAST TAGGED?

IS THE BUILDING SPRINKLERED? YES NO

IS THERE PARKING IN THE BUILDING? YES NO

ANY UNITS HAVE WORKING FIREPLACES? YES NO HOW OFTEN CLEANED?

8. WOOD STOVES, SPACE HEATERS OR TEMPORARY HEATING UNITS IN USE ON PREMISES? YES NO

9. IS THE BUILDING ON THE HISTORICAL REGISTER? YES NO

10. LAUNDRY FACILITIES? YES NO LOCKED? YES NO

HOW OFTEN INSPECTED?

B. LIABILITY

SWIMMING POOL YES NO

POOL FENCED? YES NO SELF-CLOSING GATE? YES NO

LOCKED GATE? YES NO DIVING BOARD? YES NO

HOW DEEP? DEPTH MARKED? YES NO

RULES POSTED? YES NO LIFESAVING EQUIPMENT? YES NO

PLAYGROUND YES NO

FENCED? YES NO

TYPE EQUIPMENT

TYPE SURFACE ASPHALT SAND GRAVEL

TESTED FOR LEAD BASED PAINT? YES NO ARSENATE? YES NO

OTHER RECREATION FACILITIES	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
TENNIS COURT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	EXERCISE ROOM	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BASKETBALL / SPORTS COURT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SUNTAN BOOTH	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OTHER DETAILS					

PARKING AVAILABLE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> COVERED	<input type="checkbox"/> GARAGE	<input type="checkbox"/> LIGHTED	<input type="checkbox"/> ASSIGNED
IS THERE A FORMAL PROCEDURE FOR HANDLING TENANT COMPLAINTS?	<input type="checkbox"/> YES		<input type="checkbox"/> NO			
ANY PRIVATE SECURITY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DETAILS			
ARE PETS ALLOWED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TYPES			
DOES LEASE HAVE HOLD HARMLESS?	<input type="checkbox"/> YES		<input type="checkbox"/> NO			

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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.

APPLICANT _____ PRODUCER _____

SIGNATURE _____ SIGNATURE _____

DATE _____

DATE _____

This form shall be attached to, and made part of, the fully completed Acord application by the applicant.