



Red Shield Insurance Company®

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**HABITATIONAL
SUPPLEMENTAL QUESTIONNAIRE**
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NAME _____ LOCATION _____

APPLICANT'S NAME _____

OCCUPIED AS APARTMENT CONDO TOWNHOUSE RENTAL DWELLINGS

MONTHLY RENTAL _____

1 BDRM _____ ANNUAL RENTAL INCOME _____ OCCUPANCY RATE _____
2 BDRM _____ (LAST 3 YEARS)
3 BDRM _____ NUMBER OF BUILDINGS _____ NUMBER OF UNITS _____
OTHER _____

DOES APPLICANT HAVE ANY TAX LIENS, PAST DUE ACCTS, OR PRIOR / PENDING BRANKRUPTCY? YES NO

IF YES, EXPLAIN _____

ANY TIMESHARE, SHORT-TERM OR SEASONAL RENTALS? YES NO

ANY ASSISTED LIVING SERVICES PROVIDED? YES NO

ANY OUTSTANDING INSURANCE COMPANY RECOMMENDATIONS? YES NO

LAST TIME INSPECTED BY FIRE DEPARTMENT _____

ANY RECOMMENDATIONS? _____

HAS A MORTGAGE EVER BEEN DECLINED? YES NO TENANTS SCREENED PRIOR TO LEASING? YES NO

CREDIT CHECK? YES NO CRIMINAL CHECK? YES NO

A. PROPERTY

1. ANY GOVERNMENT SUBSIDIZED HOUSING? YES NO IF YES, WHAT PERCENT? _____

2. ANY STUDENT RENTERS? YES NO IF YES, WHAT PERCENT? _____

3. IS THERE A MANAGER ON SITE? YES NO YEARS EXPERIENCE _____

IS BACKGROUND CHECKED ON MANAGER? YES 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 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 _____ MEET 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? _____

WHERE LOCATED: _____ BATTERY RESPONSIBILITY OF: _____

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. ARE WOOD STOVES, SPACE HEATERS OR TEMP HEATING UNITS IN USE ON THE 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? _____ MARKED? YES NO
 RULES POSTED? YES NO LIFESAVING EQUIP. 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 YES NO
 TENNIS COURT YES NO EXERCISE ROOM YES NO
 BASKETBALL / SPORTS COURT YES NO SUNTAN BOOTH YES NO
 OTHER YES NO DETAILS _____
 PARKING AVAILABLE? YES NO COVERED GARAGE LIGHTED ASSIGNED
 IS THERE A FORMAL PROCEDURE FOR HANDLING TENANT COMPLAINTS? YES NO
 ANY PRIVATE SECURITY YES NO
 DETAILS _____
 ARE PETS ALLOWED? YES NO TYPE _____
 DOES LEASE HAVE HOLD HARMLESS? 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 IS 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 _____