



**Red Shield Insurance Company®**

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**HABITATIONAL  
SUPPLEMENTAL QUESTIONNAIRE**

NAME			
APPLICANT'S NAME			
LOCATION			
OCCUPIED AS	APARTMENT OTHER	RENTAL DWELLINGS	BOARDING HOUSE
ANY COMMERCIAL OCCUPANCY?	YES	NO	
IF YES, DESCRIBE:			

**A. GENERAL INFORMATION**

1. MONTHLY RENTAL RANGE \$ - \$	UNITS PER BUILDING # NUMBER OF BUILDINGS #	ANY TIMESHARE OR SHORT TERM RENTALS? YES NO
2. HOW MANY YEARS OF OWNERSHIP AT THIS LOCATION? IF NEW PURCHASE: DATE OF PURCHASE/CLOSING DATE: YEARS OF PRIOR RELEVANT OWNERSHIP/MANAGEMENT EXPERIENCE:		
3. ANY OUTSTANDING INSURANCE COMPANY LOSS CONTROL RECOMMENDATIONS?	YES	NO
4. FIRE DEPARTMENT LAST INSPECTION	ANY OUTSTANDING RECOMMENDATIONS?	YES <input type="checkbox"/> NO
5. PLEASE DESCRIBE ANY UNRESOLVED RECOMMENDATIONS FROM 3 OR 4 ABOVE:		
6. ARE ALL TENANTS SCREENED PRIOR TO LEASING?	YES	NO
IF YES, ARE RENTAL REFERENCES CHECKED?	YES	NO
CREDIT CHECK?	YES NO	EMPLOYMENT HISTORY?
CRIMINAL CHECK?	YES NO	YES NO

**B. PROPERTY**

1. IS BUILDING ON HISTORICAL REGISTRY?	YES	NO
IF YES, IS APPLICANT REQUIRED TO REPAIR WITH LIKE KIND AND QUALITY?	YES	NO
2. ANY STUDENT RENTERS?	YES NO	IF YES, COMPLETE SECTION 8 ON PAGE 4
3. IS THERE A RESIDENT MANAGER?	YES NO	# YEARS EXPERIENCE:
4. IS BACKGROUND CHECKED ON MANAGER?	YES	NO
5. IS AN INDEPENDENT PROFESSIONAL MANAGEMENT COMPANY EMPLOYED?	YES	NO
6. HOW OFTEN DOES MANAGER/OWNER PHYSICALLY INSPECT RESIDENTIAL UNITS?	ANNUAL	SEMI-ANNUAL OTHER (DESCRIBE):
7. ANY EIFS SIDING?	YES	NO



**C. LIABILITY**

<b>1.</b>	SWIMMING POOL?	YES	NO	<i>IF YES: COMPLETE THE FOLLOWING:</i>		
	POOL FENCED?	YES	NO	IS GATE SELF-CLOSING?		YES NO
	LOCKED GATE?	YES	NO	DIVING BOARD?		YES NO
	HOW DEEP?	FT		DEPTH MARKED?		YES NO
	RULES POSTED?	YES	NO	IS LIFESAVING EQUIPMENT AVAILABLE?		YES NO
<b>2.</b>	PLAYGROUND?	YES	NO	<i>IF YES, COMPLETE THE FOLLOWING:</i>		
	FENCED?	YES	NO			
	TYPE OF EQUIPMENT?					
	TYPE SURFACE?		ASPHALT	SAND	GRAVEL	OTHER
<b>3.</b>	OTHER RECREATION FACILITIES?		YES	NO	HOT TUB?	YES NO
	TENNIS COURT?		YES	NO	EXERCISE ROOM?	YES NO
	BASKETBALL / SPORTS COURT?		YES	NO	SUNTAN BOOTH?	YES NO
	TRAMPOLINES?		YES	NO	SAUNA?	YES NO
	DESCRIBE ANY OTHER:					
<b>4.</b>	ANY PRIVATE SECURITY?	YES	NO	DETAILS:		
<b>5.</b>	ARE PETS ALLOWED?	YES	NO	TYPES:		
<b>6.</b>	LEASE / CONTRACTUAL TERMS:					
	DO YOU USE A STANDARD WRITTEN LEASE AGREEMENT FOR ALL TENANTS?				YES	NO
	DOES LEASE HOLD THE APPLICANT HARMLESS FOR ACTS OF TENANTS?				YES	NO
	DOES LEASE ADDRESS WHO IS RESPONSIBLE FOR BATTERY REPLACEMENT IN SMOKE & CARBON MONOXIDE DETECTORS?				YES	NO
	DOES LEASE REQUIRE THE TENANT OBTAIN RENTERS INSURANCE?				YES	NO
	DOES LEASE STATE THAT TENANT/RENTER IS NOT A CO-INSURED UNDER THE OWNER'S PROPERTY INSURANCE POLICY?				YES	NO
	<b>NOTE:</b> We require copies of leases on Student Housing accounts – please obtain and forward a copy for UW					
<b>7.</b>	SECURITY					
	ARE LOCKS CHANGED WHEN TENANTS CHANGE?		YES	NO		
	DO INDIVIDUAL UNIT DOORS HAVE PEEPS AND DEADBOLTS?		YES	NO		
	NUMBER OF POLICE / FIRE RESPONSES IN THE PAST YEAR?					
	HAVE ANY TENANTS OR GUESTS BEEN THE VICTIM OF A CRIME ON YOUR PREMISES IN THE PAST 3 YEARS?					
	YES	NO	<i>IF YES, HOW MANY INCIDENTS?</i>			
	DESCRIBE:					
<b>8.</b>	WINTER SAFETY					
	DO YOU HAVE FORMAL PROCEDURES IN PLACE FOR SNOW AND ICE REMOVAL?				YES	NO
	WHO IS RESPONSIBLE FOR SNOW AND ICE REMOVAL?		TENANT	OWNER	OR PROPERTY MANAGER	

<b>9. STUDENT HOUSING</b>	YES	NO	<i>IF YES, COMPLETE THE FOLLOWING:</i>			
FRATERNITY OR SORORITY?	YES	NO				
PERCENTAGE OF STUDENTS?		%	UNDERGRADS?	%	GRADUATES?	%
OWNER'S EXPERIENCE WITH STUDENT HOUSING?						
IS OWNER LOCAL?	YES	NO				
DO STUDENTS HAVE ACCIDENT/MEDICAL INSURANCE?			YES		NO	
ARE CANDLES ALLOWED?	YES	NO				

**Applicable in WA:** 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.

**Applicable in OR:** Any person who knowingly and with intent to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Completion of the application does not bind coverage. The Company's acceptance of the risk is required before coverage may be bound and a policy issued.**

**The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful.**

APPLICANT \_\_\_\_\_

PRODUCER \_\_\_\_\_

HAS PRODUCER PHYSICALLY INSPECTED PREMISES IN LAST 12 MOS?  
 YES     NO

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

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