



APARTMENT QUESTIONNAIRE

3815 TecPort Drive, Suite 200 • Harrisburg, PA 17111 • 800.745.4555

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| Quote/Policy #: | Agency Name: | Agency Code: |
| APPLICANT INFORMATION | | |
| Applicant's Name: | | |
| Mailing Address: | | |
| Phone #: | | |
| Is this new business to your agency: Yes No | | |
| SECTION 1: ACCOUNT INFORMATION PLEASE COMPLETE A SEPARATE QUESTIONNAIRE FOR EACH LOCATION | | |
| Affordable/Subsidized Housing: Yes No | If Yes: Public Housing Section 8 Section 42 | |
| Student Housing: Yes No | Seasonal Property: Yes No | |
| % Undergraduates: % Graduates: | | |
| Boarding House: Yes No | Short Term Occupancies: Yes No | |
| Senior Independent Living (No services provided and ambulatory): | | Yes No |
| Assisted Living (Services provided and/or non-ambulatory): | | Yes No |
| SECTION 2: BUILDING INFORMATION | | |
| Year Built: | # Units: | # Stories: |
| Square Footage: | Percent Occupied: | Construction Type: |
| Year of most recent building updates: | | |
| Roof _____ | Electrical _____ | Plumbing _____ HVAC _____ |
| Has the property undergone a "Gut to Studs" Renovation: Yes No If so, when: _____ | | |
| THE FOLLOWING QUESTIONS APPLY TO ALL PROPERTIES CONTEMPLATED FOR THIS POLICY | | |
| | YES | NO |
| Has the building been converted from prior occupancy? If so, describe: | | |
| Are any buildings currently under construction? | | |
| Is there any Aluminum Wiring? | | |
| If yes, has it been remediated? When: _____ | | |
| What Method: Pigtailed COPALUM crimp Alumiconn CO/ALR Devices | | |
| Is there Knob and Tube Wiring? | | |
| Are circuits protected by circuit breakers? | | |
| Service Amps? | | |
| Are there any Federal Pacific breaker panels? | | |
| Multi-Building Complexes: Is there a single building serving as Centralized Hub for Utilities/Mechanical | | |
| Is there any Polybutylene Piping? | | |
| Are there exterior utility closets? | | |
| Do you have catch basins under water heaters or washing machines? | | |
| Do you have wood burning fire places or woodstoves? | | |
| Do you have wood shake shingles? | | |
| Is the building listed on the National Register of Historic Places or in a Historic District? | | |
| BUILDING MAINTENANCE | | |
| Is Property Maintained By: | Insured Subcontracted to property management firm | Other |
| Are certs and additional insured status required of all subcontractors? | | |
| Is there a 24/7 Contact for emergencies? | | |
| Are grills permitted on decks or balconies? | | |
| Charcoal: | Gas: | Both: |



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| Is smoking permitted in the building or on balconies? | Yes | No |
| Is there natural Mulch around the perimeter of the building? | Yes | No |
| Who performs the snow removal? | Insured | Contractor |
| Are Snow Removal Logs Kept: Yes No | Is additional insured status required: Yes No | |
| Is there a written winterization program in place: | Yes | No |
| Is heat maintained to at least 60 degrees in all areas of the building: | Yes | No |
| Does the building have heated sidewalks: | Yes | No |
| Section 4: Management | | |
| Has the insured owned this location for 3 or more years: | Yes | No |
| How many years of property ownership or property management experience does the insured have: _____ | | |
| Is there a written lease in place with all tenants: Yes No | Annual: Yes No | |
| How is tenant screening conducted: | | |
| Credit Check Interview Background Check: Employment Check: Referral: None: | | |
| Are tenants required to carry liability insurance? Yes No | What limits: _____ | |
| Is there a procedure to monitor compliance with insurance requirements: | Yes | No |
| Are dogs permitted: Yes No | | |
| If so, are they limited by size or breed (please explain): _____ | | |
| Section 5: Fire and Life Safety | | |
| Are fire extinguishers in all units and common areas: | Yes | No |
| Smoke Detectors: | | |
| Location: Units Common Areas Both | | |
| Type: Std Battery Lithium Battery Hardwired | | |
| If other than hardwire, is there a formal battery replacement program in place? | Yes | No |
| CO Detectors in all units and by all fossil fuel burning equipment: | Yes | No |
| Fire Alarm: Local Central Station Manual Automatic | | |
| Sprinkler System: Yes No | Classification: NFPA 13 NFPA 13R | |
| Areas of Coverage: Entire Building Units Common Areas Attic | Basement Garage Trash Chutes Storage | |
| If applicable, are sprinkler pipes in attics either dry or properly insulated: | Yes | No |
| Standpipe: Yes No | Fire Walls: Yes No | If so, # of units per division: _____ |
| Parapets: Yes No | If so, # of units between parapets: _____ | |
| Means of Egress: | Yes | No |
| Two Means of Egress from all units? | | |
| Enclosed 2 Hour Fire Rated Stairways? | | |
| Self-Closing Doors in Stairways? | | |
| Illuminated Exit Signs with Battery Backup? | | |
| Emergency Lighting? | | |



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| Swimming Pool: | | |
| Lifeguard on Duty: | | |
| Are SWIM AT YOUR OWN RISK signs posted? | | |
| Are pool depths marked in and around pool? | | |
| Fenced/Enclosed with self-locking door or gate? | | |
| Any slides or diving boards? | | |
| Security: | | |
| Is there a security system? | | |
| Are all units equipped with a deadbolt? | | |
| Are Security Guards used? | | |
| Are they armed? | | |
| Are they: Employees Subcontractors | | |
| If subcontractors, are certs and additional insured status obtained? | | |
| SIGNATURES | | |
| Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act which is a crime and subjects such person to criminal and civil penalties. | | |
| Insured Name: _____ | Signature: _____ | Date: _____ |
| Agent Name: _____ | Signature: _____ | Date: _____ |

Submission Requirements:

- Currently Values 3 Year Loss Runs Plus Current
- Photos (Front and Rear)
- Plot Plan (If multiple buildings at a single location)
- Statement Values