

**FIRST SPECIALTY INSURANCE CORPORATION**

**HABITATIONAL QUESTIONNAIRE**

Insured: \_\_\_\_\_ Location: \_\_\_\_\_

**GENERAL INFORMATION**

Year Built: \_\_\_\_\_ Construction: \_\_\_\_\_ Fire Protection Class: \_\_\_\_\_

# of Buildings: \_\_\_\_\_ # Units per Building: \_\_\_\_\_ Total Units: \_\_\_\_\_

Distance Between Buildings: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Elevators – how many? \_\_\_\_\_ Name of Elevator Maintenance Contractor \_\_\_\_\_

Sidewalks maintained with snow/ice removal plan in place? \_\_\_Yes \_\_\_No

Parking: \_\_\_Carports \_\_\_Garages \_\_\_Underground Parking Areas lighted? \_\_\_Yes \_\_\_No

If buildings are over 15 years old, when were the following updates performed?

Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating & A/C \_\_\_\_\_

Type of Wiring: \_\_\_\_\_

If non-residential occupancies, list occupancies: \_\_\_\_\_

Do non-residential occupants provide certificates of insurance? \_\_\_Yes \_\_\_No

**FIRE / LIFE SAFETY & SECURITY**

Are there heat/smoke detectors in every room? \_\_\_Yes \_\_\_No In hallways? \_\_\_Yes \_\_\_No

If yes, please give type of detectors: \_\_\_battery operated \_\_\_electrical wiring \_\_\_\_\_

If battery, are batteries checked and replaced semi-annually? \_\_\_Yes \_\_\_No

Are buildings sprinklered? \_\_\_Yes \_\_\_No If not 100%, what areas are sprinklered? \_\_\_\_\_

Fire extinguishers on premises? \_\_\_Yes \_\_\_No If yes, give locations: \_\_\_\_\_

Is there a central station fire alarm? \_\_\_Yes \_\_\_No

Are stairways and hallways \_\_\_open or \_\_\_closed? If over 3 stories, are interior stairs enclosed and equipped with self-closing fire doors on each floor?

Number of exits per floor? \_\_\_\_\_ Emergency Lighting in stairwells/hallways? \_\_\_Yes \_\_\_No

Is outdoor grill cooking allowed? \_\_\_Yes \_\_\_No Allowed on balconies? \_\_\_Yes \_\_\_No

Are window guards present? \_\_\_Yes \_\_\_No. New York requires when occupancy has children under 10 yrs.

Any central station burglar alarms? \_\_\_\_\_

Are there dead bolts on entry doors? \_\_\_Yes \_\_\_No Do entry doors have peep holes? \_\_\_Yes \_\_\_No

Are there lock pins on sliding doors & windows? \_\_\_Yes \_\_\_No

Are there fences surrounding property? \_\_\_Yes \_\_\_No

Building Security: \_\_\_Doorman \_\_\_Buzzers \_\_\_Video Cameras \_\_\_Security Guards

If security guards, are they armed? \_\_\_Yes \_\_\_No If outside security guard service used, are certificates of insurance required with insured being named as an additional insured? \_\_\_Yes \_\_\_No

The lease/rental agreement makes no warranties for security and tenants are advised to call 911. \_\_\_Yes \_\_\_No

**RECREATIONAL FACILITIES**

Pools: Number of Pools: \_\_\_\_\_ If pool, please complete swimming pool questionnaire & attach.

Spas – hot tub – sauna? \_\_\_Yes \_\_\_No If yes, see pool questionnaire.

Playground Equipment – describe type, age, condition, area fenced, type of surface – concrete, grass, sand:

Exercise Facilities – describe type of equipment and safety requirements: \_\_\_\_\_

Other recreation – please describe: \_\_\_\_\_

Any lakes or ponds on premises? \_\_\_Yes \_\_\_No Any boating or fishing allowed? \_\_\_Yes \_\_\_No

**OTHER**

Years Owned: \_\_\_\_\_ Does owner/manager live on premises? \_\_\_ Yes \_\_\_ No  
Average Rent: 1BR: \_\_\_\_\_ 2BR: \_\_\_\_\_ 3BR: \_\_\_\_\_ Minimum Lease Term: \_\_\_\_\_  
Are tenants screened prior to renting? \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Credit Check \_\_\_\_\_ Criminal Check  
Are employees screened prior to hiring? \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Credit Check \_\_\_\_\_ Criminal Check  
Occupancy: % Occupied: \_\_\_\_\_ If less than 90%, please explain: \_\_\_\_\_  
% Gov't subsidized housing (HUD): \_\_\_\_\_ % Seniors or Assisted Living: \_\_\_\_\_  
% Student housing: \_\_\_\_\_ % Halfway or Rooming housing: \_\_\_\_\_  
Location area is considered: \_\_\_\_\_ Upscale \_\_\_\_\_ Average \_\_\_\_\_ Below Average  
Crime & vandalism in neighborhood: \_\_\_\_\_ High \_\_\_\_\_ Medium \_\_\_\_\_ Low  
Neighborhood conditions over the last 5 years: \_\_\_\_\_ Improving \_\_\_\_\_ Stable \_\_\_\_\_ Declining  
Explain any prior incidents of sexual/physical assaults: \_\_\_\_\_  
Describe all losses in the past 3 years: \_\_\_\_\_  
Has applicant had insurance coverage cancelled or non-renewed in past 3 years? \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_