

PROPERTY QUESTIONNAIRE

ALL QUESTIONS MUST BE ANSWERED. IF NOT APPLICABLE SHOW "N/A"

PROSPECT/ASSURED: _____

ADDRESS: _____

PREMISES TO BE INSURED: _____
(Attached schedule if applicable)

CONSTRUCTION: FIRE RESISTIVE _____ FRAME/SINGLE WALL _____
(By % if schedule applicable)

JOISTED MAS. _____ FRAME/DOUBLE WALL _____

MASONRY _____ OTHER _____

ROOF CONSTRUCTION: _____ HURRICANE CLIPS (YES/NO) _____

PROTECTION CLASS: _____

DETAILED DESCRIPTION OF OCCUPANCY(IES): _____

NOTE ANY SPECIAL HAZARDS: _____

PROECTION (DESCRIBE ie. SPRINKLERED, STANDPIPES, ALARMS ETC) _____

IF CONDOMINIUM, APARTMENT OR HOTEL:

INCOME LEVEL: LOW _____ MIDDLE _____ HIGH _____

AVERAGE MONTHLY RENTAL RATE PER UNIT: _____

OCCUPANCY RATE: _____% IF BELOW 90% REQUIRE FULL DETAILS OF SECURITY

OCCUPIED YEAR ROUND: YES/NO: IF NO - STATE PERCENTAGE AMOUNT _____

TYPE OF CLIENTELE: _____

ANY HUD/SECTION 8 – YES/NO: IF YES, WHAT PERCENTAGE OF THE OVERALL SCHEDULE
DOES THIS REPRESENT ___%

HIGH/LOW OR AVERAGE CRIME AREA: _____

FINANCIAL CONDITION OF ASSURED: _____

HOW LONG HAS ASSURED BEEN IN BUSINESS AND HOW LONG UNDER CURRENT NAME:

AGE OF BUILDING/S _____ SQUARE FOOTAGE: _____

VALUATION PER SQ FOOT: _____

IF MORE THAN 1 BUILDING DISTANCE BETWEEN BUILDINGS: _____

ON-SITE MANAGEMENT: YES/NO _____

DAILY CHECKS: YES/NO: _____

CONDITION/MAINTENANCE OF BUILDING(S) : POOR _____ AVERAGE _____ GOOD _____

DETAILS: _____

DATE OF LAST UPDATES: (Including full details of work carried out – total or partial):

WIRING (Describe Type:- i.e. Copper, Aluminium etc) _____

PLUMBING _____

ROOF _____

LOSS HISTORY PAST FIVE YEARS (To include all properties covered during period) _____

100% TOTAL VALUES: (Current and for previous 4 years) _____

BUILDINGS _____

CONTENTS _____

BUSINESS INTERRUPTION _____

RENTAL INCOME _____

(Attach schedule if applicable)

PLEASE ATTACH ADDITIONAL INFORMATION SHEETS WHERE NECESSARY

