

**HABITATIONAL QUESTIONNAIRE**  
**PER BUILDING/LOCATION**  
**(USIB)**

- 1) Assured Name: \_\_\_\_\_
- A) Is there a Condominium Association: YES/NO
- 2) Location Number: \_\_\_\_\_ Name of Building (if any) \_\_\_\_\_
- Address/City/ZipCode : \_\_\_\_\_
- 3) Age: \_\_\_\_\_ Years Owned by Assured \_\_\_\_\_ Protection Class \_\_\_\_\_
- A) If building is 30 years or over, Complete updates done within last 15 years. Need Year of Updates:
- Roof: \_\_\_\_\_ Wiring/Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_
- Any renovation work being undertaken: YES/NO Details: \_\_\_\_\_
- 4) Occupancy % \_\_\_\_\_ Less than 90% explain: \_\_\_\_\_
- A) No of Units:
- Owned \_\_\_\_\_ Rented \_\_\_\_\_ HUD/SECT 8/Subsidized Housing: \_\_\_\_\_
- Students Rentals: \_\_\_\_\_ Elderly \_\_\_\_\_ If None State None.
- 5) Management on Site? YES/NO Maintenance on Site? YES/NO
- 6) Are Tenants screened prior to Leasing? YES/NO Tenant Newsletter? YES/NO
- Credit Check? YES/NO Criminal Checks? YES/NO
- 7) Are Employees Screened? YES/NO
- 8) Construction Type: \_\_\_\_\_ Roof Construction: \_\_\_\_\_
- Gross Square Feet: \_\_\_\_\_ No. of Stories: \_\_\_\_\_
- If Multiple Buildings, what is the separation between buildings? \_\_\_\_\_
- 9) Number of Units: \_\_\_\_\_ Annual Rental Income: \_\_\_\_\_
- Monthly per Unit: \_\_\_\_\_
- 10) Type of Wiring: \_\_\_\_\_ If Aluminum, updated? YES/NO
- A) If Aluminum, are all receptables and switches updated using the Cop Alum Crimp Method? YES/NO
- 11) Fire Protections:
- Sprinklers: YES/NO All Areas/Common Areas/Other: \_\_\_\_\_
- Smoke Detectors in all units? YES/NO Battery / Hardwired How often Checked: \_\_\_\_\_
- 12) Swimming Pool YES/NO Tennis Courts? YES/NO
- 13) Entire Property fenced? YES/NO Controlled Access Gate? YES/NO
- 14) Crime and Vandalism in Neighborhood: High / Medium / Low

**The applicant, agent/retailer 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:** \_\_\_\_\_