

Named Insured: _____ Effective Date: _____

Location Address: _____ City: _____ State: _____ Zip Code: _____

Inspection Contact: _____ Phone Number: _____

Building Value: _____ Rental Value @ 100% _____ BPP/Contents: _____

Year Built: _____ Year Purchased: _____ Square Footage: _____

Construction Type: _____

- a) If frame construction, is building bolted? Yes No
- b) If building is not bolted, is there a seismic gas shut-off valve? Yes No
- c) Is building retrofitted? Yes No
- d) Any plans for renovation? Yes No
- e) Third Party Manager Info (if applicable): _____
- f) % Sprinkler: _____
- g) Smoke Alarms: Yes No

Building Improvements/Updates:

- a) Plumbing Year: _____ Type of plumbing: _____
- b) Electrical Year: _____ Type of wiring: _____ Breakers Zinsco/FPE Fuses
- c) Roof Year: _____ Type of roof: _____ (Other than Zinsco/FPE)

Buildings: _____ # Stories: _____ # Pools: _____ # Residential Units: _____

Commercial Sq Ft: _____ Residential Sq Ft: _____ % Occupied: _____ % of Students: _____ % of HUD/Subsidized: _____

Protection Class (1-10): _____ Roof Top Access Yes No

Description of Operations: _____

Restaurant Exposure, number of years in business: _____ Type of Fire Suppression: _____

Date of annual service of Ansul System: _____

Commercial Use: Does the insured obtain certificates of insurance from tenants adding them as Additional Insured?
Yes No

Armed Security Guards on Premises: Yes No

Are tenants allowed to have dogs? Yes No

****Your signature warrants that there are no aggressive dogs currently residing at your building and that your rental policy is not to rent to tenants who have aggressive dogs. Aggressive dogs include Doberman Pincers, German Shepherds, Pits Bulls and Rottweilers. Also, tenants cannot have more than two dogs.**

Has the insured (past or present) been involved in construction/development of the property? Yes No

Any losses in the last 5 years? Yes No Open claims? Yes No 5 Year Loss Ratio: _____

Has the insured been sued for any reason in the last 5 years? If yes, please explain: _____

Do you have knowledge of mold forming on any part of interior or exterior of your building(s): Yes No

Prior Insurance Carrier: _____ Years w/ Carrier: _____ Expiring Premium (target): _____

Coverage Requested (Check all that apply):
Property: General Liability: Pollution:

Insured Signature: _____ Date: _____

Agents Signature: _____ Date: _____