

APARTMENT, CONDOMINIUM, DWELLING & TOWNHOUSE QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.
This questionnaire is not required if the building is less than 30 years old and being written in CIC.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any questions in the section below are answered "YES," you are not eligible for coverage.

1. Are barbeque grills allowed on outside balconies or decks? Yes No
2. Is the building a fraternity or sorority house? Yes No
3. Is the building in the process of or planning renovations in the next year? Yes No
 (CSIC: GL may be eligible, submit for coverage consideration. Property may be eligible in either company but needs to be written on a builder's risk policy)
4. Is the annual vacancy rate greater than 20%? Yes No
5. Do you contract with or employ armed guard services? Yes No

If any questions in the section below are answered "NO," you are not eligible for coverage:

6. Are references checked on all applications? Yes No

GENERAL INFORMATION

1. Type of Property:

<input type="checkbox"/> Apartment	<input type="checkbox"/> Condominium	
<input type="checkbox"/> Multi Family Dwelling(s)	<input type="checkbox"/> Single Family dwelling(s)	
2. Does the owner or a manager live on the premises? Yes No
3. Are there any commercial occupants other than apartments? Yes No
 - a. What type of commercial occupants?

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Office
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 - b. Is the area of all mercantile operations greater than 15% of the total building area? Yes No
4. What are the average monthly rents?

1 Bedroom:	\$	_____
2 Bedroom:	\$	_____
3 Bedroom:	\$	_____
5. Have you declared bankruptcy within the last 5 years? Yes No
6. Percent of total units for each of the following:

a. Student occupied?	_____ %
b. Subsidized or HUD?	_____ %
c. Senior housing?	_____ %
d. Vacant?	_____ %

OTHER EXPOSURES

- | | |
|---|--|
| 1. Are security guards or a security patrol provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is there a fitness center? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Is access limited to tenants only? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is there a clubhouse or party room? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Is access limited to tenants only? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Number of playground equipment? | _____ |
| 5. Number of swimming pools and hot tubs? | _____ |

If any, complete the **Swimming Pool/Water Features Questionnaire - CGE 160**.

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature		Date