

**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: \_\_\_\_\_

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