



Supplemental Questionnaire for Historic Condominium or Apartment

This is a supplemental questionnaire to the ACORD 125 application and Statement of Values (SOV).

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND YOUR ATTORNEY.

Historic Location

1. Are any of the organization's locations certified Historic Structures listed on the National Register of Historic Places or are within a certified Historic District and deemed eligible for the National Historic Register?
If yes, please list all locations.

General Information

1. Community Type:	<input type="checkbox"/> Residential Condominium	<input type="checkbox"/> Cooperative Apartment	<input type="checkbox"/> Timeshare
	<input type="checkbox"/> Apartment	<input type="checkbox"/> Income Restricted	<input type="checkbox"/> Age Restricted
	<input type="checkbox"/> Year Round	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Seasonal
2. # of Residential Buildings:			
3. # of Residential Units:			
4. Prior Occupancy:			

Rating Information

Property:		
1. Condo Insuring Agreement:		
<input type="checkbox"/> Bare Walls	<input type="checkbox"/> Single Entity (Original Specs)	<input type="checkbox"/> All In (copy of insurance section of docs required)
Residential Occupancy:		
1. Current Average sale or resell price of units:	\$ _____	
2. Average Monthly Rent:	\$ _____	
3. # of owner occupied units:	_____	
4. # of rented units:	_____	
5. # of units rented for period shorter than 1 year:	_____	
6. % Occupied:	_____	
7. Any one night rental units?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Any vacant rentals?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9. Any student occupied units?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "yes", what is the percentage?	_____	
10. Any subsidized housing units?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "yes", what is the type and percentage of subsidy?	_____	
11. Any evictions in the past three (3) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12. Are tenants required to obtain insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

13. Are unit owners required to maintain Individual Liability Insurance (HO6)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Commercial or Office Occupancy:			
<input type="checkbox"/> Office	# of Office Units: _____	Square Footage: _____	
<input type="checkbox"/> Commercial	# of Commercial Units: _____	Square Footage: _____	
Management:			
Management Type:	<input type="checkbox"/> Self-Managed	<input type="checkbox"/> On-site/Property Mgmt Firm	
	<input type="checkbox"/> Off-site/Property Mgmt Firm	<input type="checkbox"/> Developer	

Building Information

Fire Protection and Alarms:			
1. Smoke detectors in common areas:		<input type="checkbox"/> Hardwired	<input type="checkbox"/> Battery
2. Smoke detectors in units:		<input type="checkbox"/> Hardwired	<input type="checkbox"/> Battery
3. CO Detectors?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are unit owners periodically advised of smoke detector and CO detector requirements?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Is there a local fire alarm?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Is there a Central Station fire alarm?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Are there masonry firewalls?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", what is the number of units per firewall?	_____		
8. Are there 2 hour firewalls?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sprinkler System:			
1. Type of sprinkler system:		<input type="checkbox"/> WET	<input type="checkbox"/> DRY <input type="checkbox"/> BOTH
2. Percentage of building(s) sprinklered?	_____ %		
3. Is sprinkler piping fully insulated in exterior walls and attic areas to prevent freezing?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Any other freeze prevention measures?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", please describe:	_____		
5. Is the sprinkler system tested and inspected by a sprinkler contractor annually?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are sprinkler alarms tied to a 24-hour monitoring service?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Means of Egress:			
1. All interior stairwells masonry enclosed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. All interior stairwells have fire doors?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are fire doors equipped with panic hardware?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are there exterior fire escapes?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Is there emergency lighting in hallways and stairwells?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are there elevators?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
# of passengers: _____	# of freight: _____		
7. Are there illuminated exit signs?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Miscellaneous Building Issues:			
1. Is grilling on balconies permitted?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Charcoal <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____			
2. Is there a guard service provided?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are the premises monitored by a closed circuit TV?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Is this a gated community or gated property?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Historic Tax Credit

1. Are there Federal, State, or Municipal tax credit incentives attached to any of the organization's locations? If "yes", please describe in detail and include location address.

2. Tax Credit amount:

	Federal Program	State Program	Municipal Program
Year 1	\$	\$	\$
Year 2	\$	\$	\$
Year 3	\$	\$	\$
Year 4	\$	\$	\$
Year 5	\$	\$	\$
TOTALS:	\$	\$	\$

Total Rehabilitation Tax Credit from all sources: \$ _____

Disclaimer and Signature

The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this questionnaire. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior questionnaire to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct, and complete to the best of his/her knowledge.

By: _____

Date: _____

Title: _____

Licensed Producer, Broker,
or Agent: _____

License Number: _____

Phone: _____

COVERAGE CANNOT BE ISSUED UNLESS THE QUESTIONNAIRE IS PROPERLY SIGNED AND DATED.