**West Coast Habitational Apartment and Condo Association Supplemental Questionnaire**

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| --- | --- |
| Named Insured: |  |
| Location Address: |  |
| Roof Update Year |  | HVAC Update Year |  |
| Roof Type |  | Plumbing Update Year |  |
| Elec. Update Year |  | Is this property on the historical registry? |  |

\* An additional charge/credit will be made for any discrepancy in Square footage or # of units discovered as the result of our site inspection.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Smoke detectors? Battery [ ]  Hardwired [ ]  |  |  |
| If battery detectors, do you have a maintenance procedure? |  |  |
| Local fire annunciator panel or central station fire alarm? |  |  |
| Is there a pool? |  |  |
| If so, how many? |  |
| If pool, is there a diving board? |  |  |
| Are depth markers clearly visible? |  |  |
| Is pool and/or Jacuzzi fenced with a self-latching / Self- locking gate? |  |  |
| Is the pool in compliance with the Virginia Graeme Baker Act? |  |  |
| Laundry room? |  |  |
| Is Laundry facility equipment leased? |  |  |
| Is there asbestos present in any building? |  |  |
| Copper plumbing throughout? |  |  |
| If 1945 or older, has the plumbing been fully updated? |  |  |
| Aluminum wiring?***If risk has aluminum wiring or aluminum pigtail wiring, it is not eligible for our program.*** |  |  |
| Knob and tube wiring? ***If yes, this risk is not eligible for our program.***  |  |  |
| Circuit breakers?  |  |  |
| Fuses? ***If yes, this risk is not eligible for our program.*** |  |  |
| Any Federal Pacific, Stab-Lok, Zinsco, Pushmatic or Challenger panels?***If yes, this risk is not eligible for our program.***  |  |  |
| If 1955 or older, has the electrical been fully updated? |  |  |
| HVAC under maintenance contract? |  |  |
| Any wood shake siding, roofing or mansards? |  |  |
| ***If yes, this risk is not eligible for our program.*** |

|  |  |  |
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|  | **Yes** | **No** |
| Is the Property occupied on a seasonal basis? |  |  |
| Are there any short-term rentals (daily, weekly, monthly – i.e. AirBnB or similar? |  |  |
| Current occupancy rate of this location (enter percentage)? |  |
| For condo associations please provide the percentage of rented versus owned: |  |  |
| Any marinas, marina operations or boat slips? |  |  |
| Any ponds, lakes, streams or other body of water on premises? Is it fenced? |  |  |
| Is the property required to carry flood insurance? |  |  |
| Is there tuck-under parking?  |  |  |
| If so, is the area sprinklered? |  |  |
| Are there any detached carports or garages? |  |  |
| If so, please enter the square footage. |  |
| Any subterranean parking?If so, please provide the square footage of the parking area: |  |  |
|  |
| Any assisted living? |  |  |
| ***If yes, this risk is not eligible for our program.*** |  |  |
| Any senior housing? |  |  |
| If so, what percentage? |  |
| Any student housing? |  |  |
| If so, what percentage? |  |
| Are there contracts with the school, roommate matching, or reduced rent for students? |  |  |
| Apartments only – does this location allow accommodations and modifications to be in compliance with ADA regulations? |  |  |
| Any commercial or retail exposure? If so, please provide the square footage and list the tenants: |  |  |
| Any commercial cooking and/or community eating areas? |  |  |
| Any childcare operations? |  |  |
| Any Armed security services or security hired directly by the insured? |  |  |
| Any onsite medical staff and/or nurse or nurse aide? |  |  |
| Any onsite storage of chemicals or hazardous materials? |  |  |
| Fire extinguishers? |  |  |
| Service contract for fire protection equipment on the property? |  |  |
| Fully sprinklered? |  |  |
| If yes, does the sprinkler system contain earthquake bracing? |  |  |
| Are there any wood-burning fireplaces? |  |  |
|  | **Yes** | **No** |
| Is the dumpster or trash bin at least 5 feet from the building? |  |  |
| If not, and located in tuck under or subterranean parking, is it in a sprinklered area? |  |  |
| Bars on windows? If so, what rooms? |  |  |
| If so, are they equipped with emergency breakaway release mechanisms? |  |  |
| Bars on doors? |  |  |
| If there are railings, are there gaps that exceed 6 inches? |  |  |
| Are there any interior or exterior horizontal railings? |  |  |
| Are there any solar panels? |  |  |
| Does property meet all local zoning codes? |  |  |
| Gas lines on the property? |  |  |
|  If so, does the location have automatic seismic gas shut off valves? |  |  |
| Are BBQ grills or any other cooking permitted on balconies/patios, decks, under overhangs or within 5 feet of the building? |  |  |
| Is emergency lighting installed in all stairways and exits? |  |  |
| Any construction planned during the upcoming policy period? |  |  |
| Are water heaters double strapped? |  |  |
| Have you had any violations or inquiries opened with the city, county or state in regard to complaints from tenants? |  |  |
| Have you ever had a habitability claim? |  |  |
| Does the Named Insured have any non-real estate operations? (i.e. construction or maintenance/service operations). If yes, please explain: |  |  |
| Does the Named Insured use a standard contract for all vendors/service contractors involved in the ongoing maintenance of the property? |  |  |
| Does the Named Insured receive the following from vendors/contractors:1. Additional Insured status on a primary/non-contributory basis?2. Evidence of liability limits equal to or greater than their own?3. Proof of Workers Compensation insurance? |  |  |

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN OREGON – OREGON FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

APPLICABLE IN WASHINGTON – WASHINGTON FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICABLE IN NEVADA – NEVADA FRAUD STATEMENT

Presenting any statement to an insurer while knowing that the statement conceals or omits facts or contains false or misleading information about any fact material to an application for the issuance of an insurance policy.

Signature

(Owner/Insured/Applicant):

Date: