



HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE

CLIENT INFORMATION			
Name			
POLICY TERM			
Effective Date		Expiration Date	

FACILITIES				
Type of Facility	Number of Locations	Number of Units	Percentage Occupied	Number of Stories Each Building
Dwellings				
Multiple Unit Housing				

CONTROLS	
Did any buildings have any deficiencies on the last state/local, health or building inspection?	
If Yes, describe.	
Do all units have Smoke Detectors?	
Do all units have Carbon Monoxide Detectors?	
Do all buildings have Emergency Lighting?	
Do all buildings have Emergency Evacuation Plans?	
If No to any of the above, describe	
Have any buildings/units experienced fires in the last four years?	
If Yes, provide the number of fires by location	
Is there staff on site for supervision and maintenance?	
Is the staff employed by the entity or subcontractor?	
RECREATIONAL FACILITIES	
Are there any pools on premises?	
Are there any playgrounds on premises?	
Are there any day care operations on premises?	
Are there any fitness/workout areas?	
If Yes, what type of fitness equipment is provided?	