



HABITATIONAL QUESTIONNAIRE

1. PROPERTY NAME: \_\_\_\_\_

2. LOCATION:

Street Address: \_\_\_\_\_

Age: \_\_\_\_\_ Construction: \_\_\_\_\_ # of Buildings: \_\_\_\_\_ # of Stories: \_\_\_\_\_

# Owner Occ. Units: \_\_\_\_\_ # Rental Units: \_\_\_\_\_ # of Vacant Units: \_\_\_\_\_

Is there any Eifs or Dryvit exterior construction present? .....  Yes  No

3. ATTACH A DIAGRAM OF THE PREMISES SHOWING THE DISTANCE BETWEEN BUILDINGS.

4. ATTACH A STATEMENT OF VALUES.

5. TYPE OF PROJECT:  Apartment  Condominium  Townhomes  HOA  Timeshare  Student Housing

Housing Authority?..... Yes  No Any Subsidized Units?..... Yes  No Number or Percent:

Average Monthly Rents: 1BR \_\_\_\_\_ 2BR \_\_\_\_\_ 3BR \_\_\_\_\_ Other: \_\_\_\_\_

In a Stable Neighborhood?  Yes  No

6. RENOVATION/MOST RECENT UPDATES:

Roof: \_\_\_\_\_ Year: \_\_\_\_\_ Type of Shingles:  Wood  Asphalt  Tile

Has Roof Been Completely Replaced?  Yes  No Date: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Year \_\_\_\_\_ Polybutylene Pipes:  Yes  No Water Heaters: \_\_\_\_\_ Year: \_\_\_\_\_

Wiring: \_\_\_\_\_ Year: \_\_\_\_\_  Copper  Aluminum If Aluminum, Pigtailed?  Yes  No What %? \_\_\_\_\_

A/C Heating: \_\_\_\_\_ Year: \_\_\_\_\_ Type (check one):  Gas  Electric

Gut Renovation: \_\_\_\_\_ Year: \_\_\_\_\_ Details: \_\_\_\_\_

7. Any on Going Renovations?  Yes  No If Yes Describe: \_\_\_\_\_

8. OTHER RECREATIONAL FACILITIES:

Is barbecue use allowed on the patio/balconies or within 20 feet of the building?.....  Yes  No

9. FIRE PROTECTION:

Sprinklered?  None  Fully  Partial If Partial, describe the areas protected: \_\_\_\_\_

Smoke Detectors?..... Yes  No Hardwired or Battery? \_\_\_\_\_

Fire Extinguishers? ..... Yes  No In each unit?..... Yes  No In hallways?..... Yes  No

Any Wood Stove or Fireplaces?  Yes  No

Is the Building in a Brush or Wooded Area?  Yes  No

10. HAVE THERE BEEN ANY MOLD, HIDDEN DECAY, COLLAPSE OR WATER DAMAGE LOSSES.  Yes  No

List Dates, Amounts and Corrective action taken: \_\_\_\_\_

Advise Any Claim Damages That Are Not Fully Repaired: \_\_\_\_\_

Have There been ANY Construction Defect Losses EVER?  Yes  No

If So Describe: \_\_\_\_\_