



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 Homeowner Assn. Timeshare
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: _____ 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: _____
