



Granite Insurance Services, Inc.

Phone (720) 872-6406 (800) 522-3482

Fax (720) 872-6405 (888) 460-0190

HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE

(Please complete for each location)

Applicant Name: _____
 Name of Complex: _____
 Address: _____

Number of Buildings: _____ Number of Stories: _____
 Number of Units: _____ Square Footage: _____
 Construction: _____
 Age: _____ Date Purchased: _____
 Has the applicant sold or divested interest in any building during the past five years? Yes No

Year of Updates: Wiring _____ Electrical _____ Roof _____ Plumbing _____
 Are any buildings or units currently undergoing any renovations? Yes No

Does each building have a sprinkler system? Yes No
 Are smoke detectors installed in each unit? Yes No Hard Wired Battery Operated
 Are there Fire Extinguishers? Yes No How many? _____

Describe the type of lock on:
 The Front and Rear door of each unit: _____
 Windows: _____
 Entrance Doors to the Building: _____
 Describe the Building Security System:
 Front Door Buzzer Entry Yes No Security Guard employee Yes No
 Lobby Camera Yes No Security Guard contracted Yes No
 Doorman Yes No Armed Security Guard Yes No
 Gate Attendant Yes No Is the entire complex gated? Yes No

Is there a swimming pool? Yes No Depth markings on poolside? Yes No
 Lifeguard on duty? Yes No Safety equipment? (ie. shepherds hook) Yes No
 Fenced with self-latching gate? Yes No Height of fence surrounding pool? _____
 Other recreational facilities? Yes No If yes, describe: _____

Are dogs allowed? Yes No Size or breed restrictions? Yes No
 Describe policy: _____

Does applicant use a standard lease agreement? Yes No Attach copy of standard lease.
 Does applicant have a written eviction policy? Yes No Number of evictions in the past year: _____

What is the highest unit rental rate? _____ Lowest unit rental rate? _____
 What is the occupancy rate? _____% Number of vacant units: _____
 Are there any subsidized rent units or HUD properties? Yes No How many? _____
 Explain: _____

Expiring General Liability Carrier: _____
Policy Term: _____ Expiring General Liability Premium: \$ _____
Five year documented loss history is: attached <input type="checkbox"/> ordered <input type="checkbox"/>

During the past five years has any insurance company canceled, declined or refused to issue, or refused to renew similar coverage to the applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Has any lawsuit ever been filed, or any claim otherwise been made against the applicant or any partnership or joint venture of which the applicant has been a member or the applicant's predecessors in business, or against any person, company or entities on whose behalf the applicant has assumed liability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide complete details as an addendum.
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Is the applicant aware of any incident, circumstances, incidents that be might expected to give rise to a claim or lawsuit, whether valid or not, which might involve the applicant? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide complete details as an addendum.

Signature of Applicant: _____	Date: _____
Printed Name and Title: _____	