

Edgehill Special Risk, Inc.

HABITATIONAL QUESTIONNAIRE

Insured: _____

1. Number of buildings: _____
 2. Number of units per building: _____
 3. Year built: _____
 4. Construction: _____
If construction varies give % of buildings that are:
____ Fire Resistive ____ Non Combustible ____ Masonry ____ Frame
 5. Number of stories: _____
 6. Smoke detectors? ____ Yes ____ No
 7. Amount sprinklered? ____ % If not 100%, what areas are sprinklered? _____
 8. Are there at least two means of egress from the building(s)? ____ Yes ____ No
 9. Swimming pools? ____ Yes ____ No Depth clearly marked? ____ Yes ____ No
 - A) Number of pools: _____
 - B) Surrounded by at least 4' fence with self locking gate? ____ Yes ____ No
 - C) Diving boards? ____ Yes ____ No Slide(s)? ____ Yes ____ No
 10. Playground facilities? ____ Yes ____ No If so, what type of equipment provided? _____
 11. Type of wiring? ____ Aluminum ____ Copper ____ Other
 12. Balcony cooking? ____ Yes ____ No
 13. On-site maintenance staff? ____ Yes ____ No
 14. Other occupancies? ____ Yes ____ No
If yes, type of occupancy: _____
 15. Any time share operations? ____ Yes ____ No
If yes, percentage of units: _____
 16. Is this a controlled access property (with gates, guardhouse, etc.)? ____ Yes ____ No
 17. Security service? ____ Yes ____ No Is security armed? _____
Is security Employed by insured or Subcontracted _____
 18. Type of parking facilities provided (lots or garages): _____
Type of parking area security (lights, video cameras, guards, etc.): _____
- If parking facilities are not owned by the insured, are certificates of insurance obtained from the property owner? ____ Yes ____ No
19. Any lakes or ponds on premises? ____ Yes ____ No If yes, size and depth: _____

HABITATIONAL QUESTIONNAIRE- continued

20. Are there any vehicles used to transfer residents or others? Yes No
If so, how many vehicles seating capacity how often
Distance traveled (Attach a list of driver's names, dates of birth and license numbers.
21. Any rent subsidized units? Yes No If yes, number of units:
22. Percentage of apartments occupied:
Percentage occupied by students:
Percentage occupied by elderly:
Percentage occupied by halfway houses or mental or drug rehabs:
23. Please advise if any meals, grooming or transportation is provided.
24. Please advise the average monthly rent charged
25. Please advise if the building has a outside deck or balcony

Applicant's Signature: _____ Date: _____