

# BROKERING AGENT'S REGISTER NUMBER #:

(IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, UNSE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHONIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)

## HABITATIONAL QUESTIONNAIRE

 NEW       RENEWAL

Proposed Effective Date: \_\_\_\_\_ To \_\_\_\_\_ Policy Number: \_\_\_\_\_

Applicant/Insured:				
DBA:		Producers Name & Address:		
Address:				
City & State:	Zip:			
Inspection Contact:	Phone: ( ) -			
Accounting Contact:	Phone: ( ) -	Agent's 2-20 License #:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Prof Corp.	Years in Business: _____
Location 1:	Street: _____	City & State: _____	County: _____	Zip: _____

### General Information:

 Year Built: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Protection Class: \_\_\_\_\_  
 Number of Buildings: \_\_\_\_\_ Number of Unit per Building: \_\_\_\_\_ Total amount of Units: \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
 Distance Between Buildings: \_\_\_\_\_ Elevators:  Yes  No If yes, How Many? \_\_\_\_\_ Inspection Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Parking Area?  Yes  No If yes, number of parking spaces: \_\_\_\_\_ If buildings are 25 year old, advise when the following updates have been performed: Roofing: \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating & A/C \_\_\_\_\_

### Underwriting Information Section:

1. Are all units equipped with smoke detectors?  Yes  No  
 If yes, advise type of detectors:  Battery Operated  Hard wire operated
2. Are hallways equipped with accessible fire extinguishers?  Yes  No
3. Is there a Central Station Fire Alarm?  Yes  No
4. Is building sprinklered?  Yes  No
5. Are stairways and hallways \_\_\_\_\_ Open or \_\_\_\_\_ Closed.
6. If over 3 stories, are interiors stairways equipped with self closing fire doors on each floor?  Yes  No
7. Number of exits per floor. \_\_\_\_\_
8. Emergency lighting in stairwells/hallways?  Yes  No
9. Is outdoor grill cooking allowed?  Yes  No  
 If yes, is it allowed in balconies?  Yes  No
10. Are window guards or iron bars presented?  Yes  No
11. Are entry doors equipped with dead bolt locks?  Yes  No
12. Do entry doors have peep holes?  Yes  No
13. Are there lock pins on all sliding doors?  Yes  No
14. Is there a fence surrounding property?  Yes  No
15. Building Security: \_\_\_\_\_ Doorman \_\_\_\_\_ Buzzers \_\_\_\_\_ Video Cameras \_\_\_\_\_ Security Guards
16. If Security Guards used, are they armed?  Yes  No  
 Are Certificates of Insurance required and is Named Insured listed as additional insured?  Yes  No
17. Are locks changed when there is a change of tenant?  Yes  No
18. Are pets allowed?  Yes  No If yes, please describe: \_\_\_\_\_
19. Swimming Pool?  Yes  No If yes, how many? \_\_\_\_\_
20. Clubhouse?  Yes  No
21. Exercise Facilities?  Yes  No
22. Playground Equipment?  Yes  No
23. Spas/Hottubs?  Yes  No
24. Other Recreation Facilities  Yes  No If yes, please describe? \_\_\_\_\_

25. Any lakes or ponds on premises?     Yes             No
26. Any boating docks?             Yes             No

The following space provided is for description purposes:

**Additional Information:**

If you answer "Yes" to any of the questions, explain in the "Remarks" box provided below.

1. Any policy or coverage declined, cancelled or non-renewed during the last 5 years?     Yes             No
2. Any lawsuits in the past 5 years?     Yes             No
3. Has the applicant and/or directors had any loan defaults in the past 5 years?     Yes             No
4. Has the applicant and/or any employees ever been convicted or forfeit for any criminal violations?     Yes             No
5. Has the applicant filed any insurance claims in the past two years?     Yes             No

Use this space for any necessary explanation. (If more space is needed, use a separate sheet).

**Remarks:**

I agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is  
 Bound Effective 12.01 am \_\_\_\_\_ (Date) \_\_\_\_\_ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy..."

Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a FELONY of third degree.

I agree and understand that this application will be made part of the policy when issued.

I understand this application is not a binder indicated as such on this form by the Brokering Agent.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date