

NAVIGATORS CALIFORNIA INSURANCE SERVICES, INC.

433 California Street, Suite 820, San Francisco CA 94104

Tel: (415) 399-9109 Fax: (415) 399-9468

License # 0785521

Habitational Supplemental Questionnaire

Fill out separate form for each location

1. Name _____
2. Location Address _____
3. Year Built _____ Year property acquired by insured _____
4. Type of construction : Frame Other _____
5. Plumbing; main line pipes are: Copper Other _____ Year replaced _____
6. Type of roof _____ Year replaced _____
7. Type of wiring _____ Year replaced _____
 Breakers Fuses
8. Number of apartment units _____ % of occupancy _____
9. Number of building(s) _____ Separation between buildings: _____ feet
10. Number of stories _____ 100% Sprinklered Non-Sprinklered
If more than 3 stories: are interior stairwells enclosed, with fire doors on each floor? Yes No
11. Any units rented daily or weekly? Yes No
12. Any Government subsidized housing? Yes If yes, % of occupancy _____ No
13. Are there any students renters? Yes If yes, % of occupancy _____ No
14. Average monthly rent per unit \$ _____
15. In the past 5 years have there been any claims or suits for actual or alleged:
a. Wrongful eviction? Yes No b. Injury due to mold? Yes No
c. ADA violations? Yes No d. Discrimination? Yes No
e. Uninhabitable premises? Yes No

If yes, please explain _____

16. Are there any medical services, meal services, childcare services, or social services provided to tenants?
 Yes No
17. Resident manager on premises? Yes No

18. Background checks performed on employees? Yes No
Criminal checks Yes No References Yes No Prior jobs Yes No

19. Is there any ongoing or planned construction or remodeling, other than normal maintenance?
 Yes No If yes, estimated cost \$_____

20. Smoke alarms in all units? Yes No Annual testing? Yes No

21. Pool or Jacuzzi? Yes No If yes, how many? _____
Diving Board? Yes No Fenced with self closing and latching gate? Yes No

22. Is there a playground? Yes No

23. Tenants screened prior to leasing? Yes No
Credit check Yes No Criminal checks Yes No

24. Property on beach or have beach exposure? Yes No

25. Any windows covered with bars? Yes No If yes, are they breakaway bars? Yes No

26. Maximum distance between above ground floor railings? _____ inches

27. Has your building experienced any type of water damage such as flooding, leaking plumbing systems, roof leaks or water backup of a drainage system in the past 5 years? Yes No

If yes, please provide the date, extent of the damage, corrective actions taken and the cost of repair.

28. Do you have any knowledge of any mold forming on any part of the interior or exterior of any of your buildings? Yes No

If yes, please describe the extent of the mold damage and the corrective actions taken.

WARNING: California law requires complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely. **I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.**

APPLICANT SIGNATURE: _____ DATE: _____

NAME AND TITLE _____