

## **Primary Residential Questionnaire**

Please answer all questions accurately. Your responses may affect the amount of coverage provided and the cost of such coverage. Your policy may contain warranties, limitations and exclusions based on your responses:

Named Insured:	
Mailing Address:	
Date Questionnaire Completed:	
Completed by (Name, Title & Company)*:	
Property Management Company:	
Does Property Manager reside on-site?	
Is tenant insurance required?	
Is a credit check of all tenants performed?	
Does rental agreement forbid tenant cooking appliances on decks or near buildings?	
List sites with >20% Section 8 housing:	
Is the Named Insured in Bankruptcy?	
Attach a Rent Roll or answer the following:	
List buildings that have <75% occupancy rates:	
% of Tenants with rent payment >60 days late:	
Annual Rental & Other Income:	
Annual Operating Expenses:	
Annual Expenditure for Repairs:	
Annual Expenditure for Capital Improvements:	
PHYSICAL BUILDING FEATURES	
Provide a list of all buildings that have these fea	tures:
Roof coverings > 15 years old:	
Basements or subgrade areas:	
Federal Pacific (FPE) Stab-Lok electrical panels:	
Zinsco, Magnetrip, GTE-Sylvania or Challenger electrical panels:	

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Pushmatic electrical panels or Fuse Boxes:	
Knob & Tube electrical wiring:	
Aluminum Wiring:	
Electrical solar panels:	
Polybutylene water lines:	
Identify any areas (including attic spaces) that do not contain a fire sprinkler system:	
Smoke detectors (hardwired):	
Smoke detectors (battery powered only):	
Fire alarms, monitored by an alarm company:	
List all buildings where all units have been completely renovated with new appliances, HVAC, plumbing fixtures and flooring in the last 10 years:	
Use this space to provide other information, or clarifications on any of the above:	

\*By completing this questionnaire, you attest that all information is accurate and true.

Please email this document to the underwriter.

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