

Insured: _____

General Information:

- | | | |
|----|---|--|
| 1 | Does the applicant have real estate agents on staff that buy or sell properties for others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Do all buildings meet all applicable building codes and safety ordinances? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | Do any of the locations have hazardous tenancies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | Are any of the locations or buildings under construction or planned to be under construction during the policy period? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Do any of the locations have armed guards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Do any of the locations have animal exposures (guard dogs or any other operations related to animals)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 | Do any of the locations have recreation exposures other than pool, health club, tennis court, playgrounds and community rooms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | Does any of the vacant land have any attractive nuisance exposures such as bodies of water, hiking trails, all-terrain-vehicle trails or race courses, abandoned or vacant buildings, public rights-of-way etc? (only applicable if exposure units entered for Vacant Land) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | Do all tenants of non-habitational locations have leases holding the applicant harmless and providing the applicant with additional insured status on liability policies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | Do any locations provide transportation to 3 rd parties such as guests or residents (shuttle vans/buses)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 | Does the insured operate their business and occupy space in more than 10 separate locations covered for General Liability on one (1) policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, is the underlying General Liability written with a per location aggregate limit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12 | Does the insured have any subsidiaries or affiliated entities whose operations differ from the named insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13 | Do you subcontract more than 40% of your work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, do you require certificates of insurance from your sub-contractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, is the insured named as an additional insured on the sub-contractors' policies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14 | Do any of the locations include the following types of property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <ul style="list-style-type: none"> <li style="width: 33%;"><ul style="list-style-type: none">• Mobile home/RV trailer parks• Senior Housing over 3 stories• Boarding or Rooming houses• Student housing/dorms• Assisted living/nursing homes• Enclosed malls over 1m sq ft <li style="width: 33%;"><ul style="list-style-type: none">• Marinas• High Terrorism Risk buildings (per TRIA list)• Parking garages or parking lots not attached to another property• Subsidized housing (if more than 15% of units at any one location) <li style="width: 33%;"><ul style="list-style-type: none">• Housing authorities or housing projects• Vacant buildings (any building not at least 70% occupied)• 50+ story buildings• Heavy manufacturing tenancy• Cold storage warehousing | |

Please Sign:

Prepared by: _____ (signature) Date: _____ Insured Broker

Prepared by: _____ (print)

Location Specific Information: (May provide fully completed Acord 140 in lieu of completing)

Loc #: _____ Address: _____			
# of Buildings:	# of Stories:	Year Built:	Life Safety Information: check all that apply <input type="checkbox"/> Hardwired Smoke Detectors <input type="checkbox"/> Battery Smoke Detectors <input type="checkbox"/> With Maintenance Schedule Sprinklered <input type="checkbox"/> Partially <input type="checkbox"/> Fully <input type="checkbox"/> Central Station Fire Alarm <input type="checkbox"/> Two (2) Means of Egress per Floor <input type="checkbox"/> Enclosed Stairwells <input type="checkbox"/> Standpipes <input type="checkbox"/> Emergency Lighting
# of Units (Habitational) or Square Footage (LRO):			
Construction Type:			
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry Noncombustible		
<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Modified Fire Resistive		
<input type="checkbox"/> Noncombustible	<input type="checkbox"/> Fire Resistive		
# of Pools	Diving Board <input type="checkbox"/> Yes <input type="checkbox"/> No		
Self Locking Gates <input type="checkbox"/> Yes <input type="checkbox"/> No			

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