



Apartment questionnaire for insurance quote

Fax back to 415-546-2147

An agent will call you to confirm receipt

Understanding the process: By completing the Apartment Questionnaire, we are able to quickly access your current requirements and rates to determine if we can place you with better carrier at a better rate.

*** Denotes "must have" information for a quick review.**

Applicant Information:

*Applicant Name: _____
*Mailing Address: _____ City _____ State/Zip _____
*Phone _____ Fax _____ Email _____
of years of Investment property experience _____

Management Information:

*Address of Property: _____
How long Owned _____ Property Management Y/N Who _____
Individual _____ Partnership _____ Corporation _____ Other _____
*Current Insurance Company: _____ How Long _____ Exp. Date _____
*Losses last 3 years _____
*Building Limit \$ _____ *Business Income \$ _____
*Business Property _____ Other Coverage's _____

Property Information:

*Age of building _____ *Number of Units _____ *Number of stories _____
*Number of buildings _____ *Square feet of each Bldg. _____
Avg. Rents/Number: Studios \$ _____ / _____ 1 Bed \$ _____ / _____
2 Bed \$ _____ / _____ 3 Bed \$ _____ / _____
Number of Parking Spots _____ Under/Outside
*Type of: Constr. _____ Wiring _____ Plumbing _____ Heating _____ Roof _____
Year last updated for: Wiring _____ Plumbing _____ Heating _____ Roof _____
Heating Type: Gas/Elec. _____ Central/Wall/Floor _____ Elevator Y/N _____ Boiler Y/N
Sprinklers? _____ % Smoke Alarms Y/N Battery or wired _____
Fire Extinguishers? Y/N How many? _____ What Size? _____ how often recharged? _____



Pools Y/N If yes, fence type and height _____

Are the Depth Charts Clearly Marked? Y/N Is there a Diving Board? Y/N

Playground? Y/N Saunas Y/N Exercise Facility on Premise? Y/N

Balconies? Y/N Are BBQ's allowed on Balconies or decks? Y/N

Laundry Room? Y/N When were the Hoses Last Replaced? _____

Maximum distance between above ground floor railings? _____ inches 4", 4.5", 5", 6"

Are residents allowed to have pets? Y/N If yes what kind and how big? _____

Are the hallways and stairways open or closed? Emergency lighting? Y/N

Is the location on a hill or slope? _____ If so, please provide degrees of the slope _____

***Building Occupancy:**

Any Senior Housing or Assistant Living? Y/N What Percent? _____%

Any Student Housing? Y/N What Percent? _____%

Any HUD, Section 8 or assisted or Subsidized Living? Y/N What Percent? _____%

*Commercial Tenants Y/N If yes what type of businesses, Square feet, and monthly rent?

Description of surrounding area: Buildings to the right _____
 Building to the left _____
 Building Behind _____

Please Provide the Following

- **Three-year loss runs history and a copy of your current "Deceleration Page**
- **Attach a diagram if there is more than 1 building at this location.**

Thank you, we now have enough information to review and discuss your Insurance requirements for the stated property. By working with Cal North Insurance and one application you are able to receive multiple quotes on your Investment Property thereby ensuring you are getting the best coverage and rates in the market today. I look forward to presenting our results in the very near future.

PJ Tradelius
 Lic # 0D85955