



Insurance Services

HABITATIONAL QUESTIONNAIRE

Insured: _____

Location: _____

Mailing address: _____

Number of buildings: _____ Number of units per building: _____

of Stories: _____ Year Built: _____

Year Updates: Wiring: _____ Roofing: _____ Plumbing: _____

Heating: _____ Other: _____

Water pipes are: Copper PVC Galvanized Steel

Type of roof : _____

Type of Construction : _____ Total living area: _____

Any Underground Parking? Yes No

Fire Sprinklers: Yes No Swimming Pool : Yes No

If yes, is it fenced with self-latching gates? Yes No.

Diving Board? Yes No

Does a professional management firm manage the property? Yes No

Is there a resident or on site manager? Yes No

Are there occupy by any of the following?

Senior housing or assisted living? Yes No If yes, _____%

Student housing? Yes No If yes, _____%

HUD, Section 8 or assisted rental housing? Yes No If yes, _____%

Child care operation? Yes No

Commercial cooking or community eating area? Yes No

Are there any of the following recreational facilities?

Basketball Court Exercise or weight rooms Picnic Areas Racquetball Courts

Saunas Playground Equipments Etc. _____

Any security guard? Yes No. If yes: Armed Unarmed.

Smoke detectors? Battery Hardwired

Is this a primary residence condo? Yes No. Is this a time share? Yes No

Building Limit : _____

Rental Income : _____

Liability Limit : _____

Other coverages : _____

D & O coverage for Condo : _____

Prior insurance carrier for past 3 years : 1) _____

2) _____

3) _____

Loss History for past 3 years: _____

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