

HABITATIONAL QUESTIONNAIRE

1. **PROPERTY NAME:** _____
2. **LOCATION:** Street Address: _____
Age: _____ Construction: _____ No. of Buildings: _____ No. of Stories: _____
No. of Owner Occ. Units: _____ No. Rental Units: _____ No. of Vacant Units: _____
Is there any Eifs or Dryvit exterior construction present? Yes No
3. **ATTACH A DIAGRAM OF THE PREMISES SHOWING THE DISTANCE BETWEEN BUILDINGS.**
4. **ATTACH A STATEMENT OF VALUES.**
5. **TYPE OF PROJECT:** Apartment Condominium Townhomes HOA Timeshare Student Housing
Housing Authority? Yes No
Any Subsidized Units: Yes No Number or Percent: _____
Average Monthly Rents: 1BR: _____ 2BR: _____ 3BR: _____ Other: _____
In a Stable Neighborhood? Yes No
6. **RENOVATION/MOST RECENT UPDATES:**
Roof: _____ Year: _____ Type of Shingles: Wood Asphalt Tile
Has Roof Been Completely Replaced? Yes No Date: _____
Plumbing: _____ Year: _____ Polybutylene Pipes: Yes No
Water Heaters: _____ Year: _____
Wiring: _____ Year: _____ Copper Aluminum
If Aluminum, Pigtailed? Yes No What percentage? _____ %
A/C Heating: _____ Year: _____ Type (check one): Gas Electric
Gut Renovation: _____ Year: _____ Details: _____
7. Any Ongoing Renovations? Yes No
If Yes, Describe: _____

8. **OTHER RECREATIONAL FACILITIES:**
Is barbecue use allowed on the patio/balconies or within 20 feet of the building? Yes No
9. **FIRE PROTECTION:**
Sprinklered? None Fully Partial If Partial, describe the areas protected: _____
Smoke Detectors? Yes No Hardwired or Battery? _____
Fire Extinguishers? Yes No In each unit? Yes No In hallways? Yes No
Any Wood Stove or Fireplaces? Yes No
Is the Building in a Brush or Wooded Area? Yes No
10. **HAVE THERE BEEN ANY MOLD, HIDDEN DECAY, COLLAPSE OR WATER DAMAGE LOSSES? ...** Yes No
List Dates, Amounts and Corrective action taken: _____

- Advise Of Any Claim Damages That Are Not Fully Repaired: _____
Have There been ANY Construction Defect Losses EVER? Yes No
If So, Describe: _____
