

REAL ESTATE BUSINESS INSURANCE QUESTIONNAIRE

Date: _____ Producer Code: _____ Referred By: _____
Insd Name: _____ Eff Date _____
Mailing Add _____ Contact _____
City: _____ St _____ Zip _____
Phone #(H): (____) - _____ Phone #(B): (____) - _____ Cell Number: (____) - _____
Work Fax (____) - _____ Email _____ Federal ID # _____
Bus Type _____
Liability Limit _____ Add'l Ins. **Yes** **No** _____
Location Addr _____

Building Cov _____ Perils _____ DED _____ Boiler/Mach. **Yes** **No** _____
Mortgagee Name & Add _____
Contents Cov _____ Perils _____ DED _____
Loss Payee- Name & Add _____
ACV _____ RC _____ Comments _____

Underwriting Info: Prot Class _____ Distance to water _____
BLDG Construction _____ Stories _____ Elev _____ # Apt's _____ # Stores _____
Garage? _____ Type _____ Length & Width _____ X _____ Total Sq. Footage _____
Type Owner Occ _____ % of Occ _____ Sq. ft Insured _____
Base _____ A/C _____ Yrs at Loc. _____ Yr. Built _____ Interest _____ Rental Income _____

Updates: Age Roof _____ Type _____ PLG _____ Type _____ Elec _____ Type _____
Windows _____ Type _____ Misc Updates _____
Paint Condition _____ Any lead paint exposure? _____
Sidewalk Condition _____ Any raised areas? _____
Add'l Exposures _____ Pool _____ Play _____ Trampoline _____ Gym Other _____
Exposure to RT _____ Left _____ Front _____ Rear _____

Fire Protection: Type _____ Sprinkler _____
Security _____ Window Guards _____ Camera/Video _____ Roll Gate _____
Exterior Lighting _____ Locked Front + Rear Entrance _____ Any Fencing _____

Prior Co: _____ Term _____ Prior Pol/ Prem _____
Claims History _____
Comments _____

Comments: _____

Real Estate Questionnaire Form

Last updated: 8/6/08

Instructions

Producer Code: leave blank

Referred By: How did you hear about us?

Insd Name: The name as it will appear on your policy

Eff Date: The date the policy should be effective

Contact: The person whom the agency and insurance company should contact regarding the policy

Federal ID#: The federal ID number of the entity

Bus Type: The type of legal entity the business is (e.g. LLC, Corporation, etc.)

Liability Limit: Limit of liability under policy

Add'l Ins: Entities to which coverage will be extended under policy

Location Add: Address of business or building to be insured

Building Cov: Building limit requested / **Perils:** Special or Basic

DED: Deductible

Boiler/Mach.: Is boiler and machinery/equipment breakdown coverage requested?

Mortgagee Name & Add: Please include if there is a mortgagee

Contents Cov: Contents limit requested / **Perils:** Special or Basic

Loss Payee Name & Add: Please include if there is a loss payee

ACV & RC: Do you want actual cash value or replacement cost, check one

Comments: Include any comments regarding this section of questionnaire

Prot Class & Distance to Water: leave blank

Bldg. Cons.: Choose Frame, Joisted Masonry, Non-Combustible, Masonry Non-Combustible, or Fire Resistant; Also, choose Stand Alone, Attached, or Semi-Attached

Stories: Number of stories in building

Elev.: Does property have elevator?

Apt's: Number of apartments in building / **# Stores:** Number of stores in building

Garage?: Yes or No; if yes, **Type:** attached or unattached

Type Owner Occ: ASK MIKE, **% of Occ:** ASK MIKE, **Sq. ft Insured:** The total square footage of the property to be insured

Base: Are you on the first floor? Choose yes or no.

A/C: None, Central Air, or Window Unit

Yrs at Loc.: Years in business at location

Yr. Built: Year building was built

Interest: Owner, Tenant, or Owner-Occupied

Rental Income: Indicate your 12-month rental income as owner of property?

Age Roof, Plumbing (PLG), Electric (Elec), Windows: Indicate year that each item was last upgraded, renovated, or major repair was done / **Misc Updates:** Include any other updates not listed on this form

Paint Condition: Indicate condition of paint, **Any lead paint exposure?:** Indicate whether there is lead paint exposure

Sidewalk Condition: Indicate condition of sidewalk (e.g. are there cracks?) and whether there are raised areas

Add'l Exposures: Indicate other types of exposures present

Exposure: What is to the building's right, left, front, and rear?

Fire Protection: Central Station Alarm or Local Smoke Detector

Sprinkler: Is building 100% sprinklered? Yes, no, Yes & Recently Flow Tested, or Yes w/ Stand Pipe

Security: Central Station Alarm, UL-Approved Central Station Alarm, or Local Alarm

Window Guards, Camera/Video, Roll Down Gate, Exterior Lighting, Locked Front + Rear Entrance: Indicate whether or not the property has these items

Any Fencing: Indicate whether or not property is fenced

Prior Co: Insurance companies you have had for the last 3 years

Term: Number of months you want the policy for (most policies are for 12 months)

Prior Pol/Prem: Premium of expiring policy

Claims History: Notify us of any claims you have had in the last five years and how much was paid by insurance company

Comments: Include any comments about the property

After you complete the form, you can e-mail it to info@ccpinsurance.com or fax it to us at (516) 484-2129