

**APARTMENT OCCUPANCY QUESTIONNAIRE**

This questionnaire is to be completed by the broker for Apartment Occupancy, and is supplemental to your fully completed Submission and/or Application of Insurance.

Named Insured: \_\_\_\_\_

Location Address: \_\_\_\_\_

1. Owned since? (YYYY) \_\_\_\_\_
2. Total number of unit's? \_\_\_\_\_
3. Occupancy \_\_\_\_\_ %  
If less than 60% explain: \_\_\_\_\_

4. Are any of the buildings Residential Retirement Facilities or Assisted Living Facilities?  Yes if yes, \_\_\_\_\_%  No
5. Are any of the buildings Co-Op Housing or do they include Subsidized Housing?  Yes if yes, \_\_\_\_\_%  No
6. Are the tenants screened prior to leasing?  Yes  No
7. Crime and vandalism in neighborhood:  High  Medium  Low
8. Landlord or Resident Manager living on site?  Yes  No
9. Identify Responsible Party for the following:
  - a) Janitorial/Maintenance  Insured  Employee  Outside Contractor
  - b) Snow removal  insured  Employee  Outside Contractor
  - c) Are Certificates of Insurance obtained for Outside Contractors?  Yes  No

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**NOTICE TO APPLICANT – PLEASE READ CAREFULLY**

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material changed as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

**Privacy Disclosure and Consent**

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Brokerage Name:** \_\_\_\_\_

**Broker's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_