



- 26) Do you perform police background checks on all employees? Yes No If yes, what are your criteria for declining or discontinuing employment? \_\_\_\_\_
- 27) Do you have written procedures for notifying tenants of any known or suspected criminal activity in the complex or in the vicinity of the complex with records retained for at least two years? Yes No Description? \_\_\_\_\_
- 28) Do you have a written procedure for responding to tenant complaints concerning safety-related issues with records retained for at least two years? Yes No Description? \_\_\_\_\_
- 29) Do you have a full time maintenance staff? Yes No If yes, do you have written procedures for inspecting and maintaining building systems and for maintaining written records of such work? Yes No
- 30) Do you hire contractors to perform building and/or site maintenance such as systems inspection and repair, snow and ice removal, landscaping, etc.? Yes No If yes, please provide details: \_\_\_\_\_  
If yes, are contractors required to maintain CGL insurance with minimum \$1,000,000 limits and to include you as Additional Insured? Yes No If no, please explain: \_\_\_\_\_
- 31) Do you have written procedures for responding to tenant complaints concerning building, property or systems-related issues with records retained for at least two years? Yes No Description? \_\_\_\_\_
- 32) Swimming Pools:  
Number: \_\_\_\_\_ Height of Diving Boards: \_\_\_\_\_  
Pool Fenced Yes No Length/Height of Slides: \_\_\_\_\_  
Gates Self-Latching Yes No Fence Height \_\_\_\_\_  
Lifeguard on Duty Yes No Depth Markers Visible from Pool Deck Yes No  
Frequency of Pool Water Inspection and Maintenance \_\_\_\_\_  
Pool Hours: \_\_\_\_\_
- 33) Is a nursery or day care facility located in the building or complex? Yes No
- 34) Do you have written procedures prohibiting your employees from keeping dogs on or around the property? Yes No  
Does your lease agreement prohibit your tenants from keeping dogs on or around the property? Yes No  
If no to either question, please indicate the maximum weight limit allowed: \_\_\_\_\_
- 35) Do you directly or indirectly provide medical, food or transportation services to tenants? Yes No
- 36) Please describe other buildings, facilities or unusual hazards on the property such as unfenced water, fitness facilities, sports fields/courts or clubhouses used for events sponsored by you or rented to others: \_\_\_\_\_
- 37) Do you own or control parking facilities? Yes No If yes, is access controlled? Please describe \_\_\_\_\_
- 38) Do you have written procedures for regular inspections of your premises to identify potential liability hazards and to assure all necessary corrections and repairs are made and are records of such inspections retained for at least two years? Yes No  
Please describe: \_\_\_\_\_
- 39) Has your insurance agent completed a physical inspection of the property within the last year? Yes No If yes, please attach a copy.

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
DATE

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER, THE BROKER OR THE AGENT TO COMPLETE THE INSURANCE.