

**MULTI FAMILY INFORMATION QUESTIONNAIRE**

Property Name/Named Insured _____	New Purchase	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Address, City, State, Zip _____	Mgmt. on site	<input type="checkbox"/>		<input type="checkbox"/>	
Owner/Mgmt. Co. _____	Maint. on site	<input type="checkbox"/>		<input type="checkbox"/>	
Phone: _____	Fax: _____				

Gross Sq. Ft. _____	# of Units _____	# of Bldgs _____	# of Stories _____
Building Construction _____	Roof Construction _____		
Distance Between Bldgs. _____	Year Built _____	Date Acquired _____	
Type of Wiring: <input type="checkbox"/> Copper	<input type="checkbox"/> Aluminum/co air	<input type="checkbox"/> Aluminum/pigtailed	<input type="checkbox"/> Aluminum

Replacement Value \$ _____	Contents Value \$ _____	
Annual Rental Income \$ _____		
Ancillary Values: Signs Detached \$ _____	Attached \$ _____	Carports \$ _____
Garages: Attached \$ _____	Detached \$ _____	Fences \$ _____
		Gates \$ _____
Gate House/Guard Shack \$ _____	Light Poles \$ _____	Flag Poles \$ _____
Outdoor Building Maintenance Equipment \$ _____		
Outdoor Recreational Courts/Equipment \$ _____	Outdoor/Playground Equipment \$ _____	

**YEAR UPDATED**

 (If over 10 years old)  
 Roof \_\_\_\_\_  
 Electrical \_\_\_\_\_  
 Plumbing \_\_\_\_\_  
 Heating \_\_\_\_\_

**SMOKE ALARMS**

<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Battery
<input type="checkbox"/>	<input type="checkbox"/>	Hardwired
<input type="checkbox"/>	<input type="checkbox"/>	Sprinklered
<input type="checkbox"/>	<input type="checkbox"/>	None
<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers

**OCCUPANCY**

 % Occupied \_\_\_\_\_  
 HUD Subsidized  Y % \_\_\_\_\_  
 N

**SAFETY**

<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pools # _____	<input type="checkbox"/>	<input type="checkbox"/>	Playground
<input type="checkbox"/>	<input type="checkbox"/>	Pool Fenced	<input type="checkbox"/>	<input type="checkbox"/>	Anchored Equip
<input type="checkbox"/>	<input type="checkbox"/>	Self Locking Gate	<input type="checkbox"/>	<input type="checkbox"/>	Tennis Courts
<input type="checkbox"/>	<input type="checkbox"/>	Diving Board	<input type="checkbox"/>	<input type="checkbox"/>	Gym/Exercise Room
<input type="checkbox"/>	<input type="checkbox"/>	Rules Posted	<input type="checkbox"/>	<input type="checkbox"/>	Freeweights

<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Tanning
<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Complies with the Texas Security Device Statute, Texas Property Code Chapter 92, Sub-chapter D

**SECURITY**

<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Property Fenced	<input type="checkbox"/>	<input type="checkbox"/>	Private Security w/insurance
<input type="checkbox"/>	<input type="checkbox"/>	Auto Access Gates	<input type="checkbox"/>	<input type="checkbox"/>	Courtesy Patrol
<input type="checkbox"/>	<input type="checkbox"/>	Exterior Lighting	<input type="checkbox"/>	<input type="checkbox"/>	Armed
<input type="checkbox"/>	<input type="checkbox"/>	Dead Bolts	<input type="checkbox"/>	<input type="checkbox"/>	Security Bars

<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Carports
<input type="checkbox"/>	<input type="checkbox"/>	Owned Autos
		# of Vehicles _____

 Condition of  
 Parking Lot  
 Excellent  
 Average

**TENANTS**

<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Screened
<input type="checkbox"/>	<input type="checkbox"/>	Credit Check
<input type="checkbox"/>	<input type="checkbox"/>	Criminal Check

**EMPLOYEES**

<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Screened
<input type="checkbox"/>	<input type="checkbox"/>	Credit Check
<input type="checkbox"/>	<input type="checkbox"/>	Prior Jobs
<input type="checkbox"/>	<input type="checkbox"/>	References
<input type="checkbox"/>	<input type="checkbox"/>	Criminal Check

**TENANT INFORMATION**

<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Tenants Informed of Crimes, Vandalism, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Regular News Bulletins Issued

**CONTRACTORS/VENDORS**
  Insurance Certificates Required

Current Agent/Insurance Co. \_\_\_\_\_ Expiration Date \_\_\_\_\_

 List all claims made during past 3 years \_\_\_\_\_  
 (Include date of loss, type of loss, amount paid, open or closed. Use a separate sheet of paper if necessary.)  
 Loss runs attached for  1yr.  2yr.  3yr.  4 yr.  5yr.

This questionnaire is rendered in the belief that all above answers are true and correct to the best knowledge of the undersigned.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_