



**Red Shield Insurance Company®**

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**HABITATIONAL  
SUPPLEMENTAL QUESTIONNAIRE**

NAME
APPLICANT'S NAME
LOCATION
OCCUPIED AS <input type="checkbox"/> APARTMENT <input type="checkbox"/> RENTAL DWELLINGS <input type="checkbox"/> BOARDING HOUSE <input type="checkbox"/> HOTEL / MOTEL <input type="checkbox"/> OTHER
ANY COMMERCIAL OCCUPANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, DESCRIBE:</i>

**A. GENERAL INFORMATION**

<b>1. MONTHLY RENTAL RANGE    # UNITS</b> STUDIO \$            /    \$ 1 BDRM \$            /    \$ 2 BDRM \$            /    \$ 3 BDRM \$            /    \$ OTHER \$             /    \$	<b>TOTAL NUMBER OF UNITS    #</b> <b>ANNUAL RENTAL INCOME    \$</b>  <b># OF UNITS CURRENTLY VACANT</b> <b>NUMBER OF BUILDINGS    #</b>	<b>ANY TIMESHARE OR SHORT TERM RENTALS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>IF YES ABOVE, DOES APPLICANT ARRANGE THE RENTALS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>2. DOES APPLICANT HAVE ANY TAX LIENS, PAST DUE ACCOUNTS, OR PRIOR / PENDING BANKRUPTCY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, EXPLAIN:</i>		
<b>3. ANY OUTSTANDING INSURANCE COMPANY LOSS CONTROL RECOMMENDATIONS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>4. FIRE DEPARTMENT LAST INSPECTION</b> <b>ANY OUTSTANDING RECOMMENDATIONS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>5. PLEASE DESCRIBE ANY UNRESOLVED RECOMMENDATIONS FROM 3 OR 4 ABOVE:</b>		
<b>6. ARE ALL TENANTS SCREENED PRIOR TO LEASING?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, ARE RENTAL REFERENCES CHECKED?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>CREDIT CHECK?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>EMPLOYMENT HISTORY?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>CRIMINAL CHECK?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		

**B. PROPERTY**

<b>1. IS BUILDING ON HISTORICAL REGISTRY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, IS APPLICANT REQUIRED TO REPAIR WITH LIKE KIND AND QUALITY?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>2. ANY STUDENT RENTERS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, COMPLETE SECTION 9 ON PAGE 4</i>
<b>3. IS THERE A RESIDENT MANAGER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b># YEARS EXPERIENCE:</b>
<b>4. IS BACKGROUND CHECKED ON MANAGER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>5. IS AN INDEPENDENT PROFESSIONAL MANAGEMENT COMPANY EMPLOYED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>6. HOW OFTEN DOES MANAGER/OWNER PHYSICALLY INSPECT RESIDENTIAL UNITS?</b> <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> OTHER ( <i>DESCRIBE</i> ):
<b>7. WHAT TYPE OF SIDING?</b> <input type="checkbox"/> WOOD/HARDI-PLANK <input type="checkbox"/> PLASTER/STUCCO <input type="checkbox"/> METAL <input type="checkbox"/> OTHER <b>ANY EIFS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>8. IF MULTIPLE BUILDINGS, INCLUDE DIAGRAM AND DISTANCE BETWEEN BUILDINGS.</b>

9. WHEN WAS THE LAST TIME THE FOLLOWING WERE CHECKED (UPDATED) BY A QUALIFIED PERSON?		
	DATE UPDATED	DESCRIBE UPDATES
ROOF		
SIDING		
ELECTRIC		
PLUMBING		
WATER HEATERS		
HEATING		
BALCONIES		

**10. BUILDING ELECTRICAL**

KNOB & TUBE WIRING?  YES  NO *IF YES, ANY UPDATES? DESCRIBE:*  
 ARE KITCHEN, LAUNDRY & BATHROOM EQUIPPED WITH GFI RECEPTACLES?  YES  NO  
 CIRCUIT BREAKERS?  YES  NO ANY FUSES?  YES  NO  
 ALUMINUM WIRING?  YES  NO  
*IF ALUMINUM, ARE RECEPTACLES & SWITCHES FIXED USING THE COPALUM CRIMP METHOD?*  YES  NO

**11. SMOKE ALARMS**  YES  NO  BATTERY  HARDWIRED  
*IF BATTERY, LONG LIFE?*  YES  NO  
 WHO IS RESPONSIBLE FOR CHECKING BATTERIES?  TENANT  OWNER  
 HOW OFTEN CHECKED?  
 WHERE LOCATED?  INTERIOR HALLWAYS  COMMON AREAS  BEDROOMS

**12. CARBON MONOXIDE DETECTORS?**  YES  NO  BATTERY  HARDWIRED  
*IF BATTERY, LONG-LIFE?*  YES  NO  
 WHO IS RESPONSIBLE FOR CHECKING BATTERIES?  TENANT  OWNER  
 HOW OFTEN CHECKED?

**13. ARE RADON DETECTORS PROVIDED?**  YES  NO

**14. DO BUILDING COMMON AREAS HAVE FIRE EXTINGUISHERS?**  YES  NO LAST TAGGED?

**15. IS THE BUILDING FULLY SPRINKLERED?**  YES  NO  
*IF PARTIALLY SPRINKLERED, WHAT AREAS?*

**16. IS SMOKING ALLOWED INSIDE BUILDING?**  YES  NO

**17. WHAT IS THE PRIMARY SOURCE OF HEAT FOR THE BUILDING?**  BOILER  GAS/OIL CENTRAL HEAT  
 ELECTRIC BASEBOARD  OTHER  
*IF CENTRAL HEAT, FULLY OPERATIONAL IN ALL UNITS?*  YES  NO

**18. ANY UNITS HAVE WORKING FIREPLACES?**  YES  NO HOW OFTEN CHIMNEY SWEPT?

**19. ARE WOOD STOVES IN USE ON THE PREMISES?**  YES  NO  
*IF YES, PROFESSIONALLY INSTALLED?*  YES  NO  
 HOW OFTEN IS CHIMNEY SWEPT?

**20. ARE SPACE HEATERS USED OR ALLOWED?**  YES  NO  
*IF YES, ARE THEY PROVIDED BY APPLICANT?*  YES  NO

**21. ARE RESIDENTS ALLOWED TO USE BBQ GRILLS?**  YES  NO  
*IF YES, DO BUILDING RULES HAVE A CLEAR SPACE REQUIREMENT OF 10 FEET OR MORE?*  YES  NO

22. LAUNDRY FACILITIES?  YES  NO LOCKED?  YES  NO  
 HOW OFTEN INSPECTED? HOW OFTEN ARE LINT TRAPS CLEANED?  
 ARE DRYER VENTS CLEANED ANNUALLY?  YES  NO  
 23. WHAT COOKING EQUIPMENT IS PROVIDED?  RANGE STOVE/OVEN  MICROWAVE  HOT PLATES

**C. LIABILITY**

1. SWIMMING POOL?  YES  NO IF YES: COMPLETE THE FOLLOWING:  
 POOL FENCED?  YES  NO IS GATE SELF-CLOSING?  YES  NO  
 LOCKED GATE?  YES  NO DIVING BOARD?  YES  NO  
 HOW DEEP? FT DEPTH MARKED?  YES  NO  
 RULES POSTED?  YES  NO IS LIFESAVING EQUIPMENT AVAILABLE?  YES  NO

2. PLAYGROUND?  YES  NO IF YES, COMPLETE THE FOLLOWING:  
 FENCED?  YES  NO  
 TYPE OF EQUIPMENT?  
 TYPE SURFACE?  ASPHALT  SAND  GRAVEL  OTHER

3. OTHER RECREATION FACILITIES?  YES  NO HOT TUB?  YES  NO  
 TENNIS COURT?  YES  NO EXERCISE ROOM?  YES  NO  
 BASKETBALL / SPORTS COURT?  YES  NO SUNTAN BOOTH?  YES  NO  
 DESCRIBE ANY OTHER: SAUNA?  YES  NO

4. PARKING AVAILABLE?  YES  NO  
 IF YES:  COVERED  GARAGE  LIGHTED  ASSIGNED

5. IS THERE A FORMAL PROCEDURE FOR HANDLING TENANT COMPLAINTS?  YES  NO  
 ANY PRIVATE SECURITY?  YES  NO DETAILS:  
 ARE PETS ALLOWED?  YES  NO TYPES:

6. LEASE / CONTRACTUAL TERMS:  
 DO YOU USE A STANDARD WRITTEN LEASE AGREEMENT FOR ALL TENANTS?  YES  NO  
 ATTORNEY NAME / LANDLORD TRADE ASSOCIATION THAT PREPARED LEASE?  
 DOES LEASE HOLD THE APPLICANT HARMLESS FOR ACTS OF TENANTS?  YES  NO  
 DOES LEASE ADDRESS WHO IS RESPONSIBLE FOR BATTERY REPLACEMENT IN SMOKE & CARBON MONOXIDE  
 DETECTORS?  YES  NO  
 DOES LEASE RECOMMEND OR REQUIRE THE TENANT OBTAIN RENTERS INSURANCE?  YES  NO  
 DOES LEASE STATE THAT TENANT/RENTER IS NOT A CO-INSURED UNDER THE OWNER'S PROPERTY INSURANCE  
 POLICY?  YES  NO

**NOTE:** We require copies of leases on Student Housing accounts – please obtain and forward a copy for UW review.

7. SECURITY  
 ARE LOCKS CHANGED WHEN TENANTS CHANGE?  YES  NO  
 DO INDIVIDUAL UNIT DOORS HAVE PEEPS AND DEADBOLTS?  YES  NO  
 NUMBER OF POLICE / FIRE RESPONSES IN THE PAST YEAR?  
 HAVE ANY TENANTS OR GUESTS BEEN THE VICTIM OF A CRIME ON YOUR PREMISES IN THE PAST 3 YEARS?  
 YES  NO IF YES, HOW MANY INCIDENTS?  
 DESCRIBE:

8. PEST CONTROL

IS A PEST CONTROL ROUTINE OR A PROFESSIONAL SERVICE AGREEMENT IN PLACE?  YES  NO

ANY REPORTED INCIDENTS OF BED BUGS?  YES  NO

IS A BED BUG TRAINING AND RESPONSE PLAN IN PLACE?  YES  NO

IF YES, PLEASE DESCRIBE :

9. STUDENT HOUSING  YES  NO

IF YES, COMPLETE THE FOLLOWING:

FRATERNITY OR SORORITY?  YES  NO

PERCENTAGE OF STUDENTS?            % UNDERGRADS?            % GRADUATES?            %

OWNER'S EXPERIENCE WITH STUDENT HOUSING?

IS OWNER LOCAL?  YES  NO

DO STUDENTS HAVE ACCIDENT/MEDICAL INSURANCE?  YES  NO

ARE CANDLES ALLOWED?  YES  NO

10. HOTEL / MOTEL?  YES  NO

IF YES, COMPLETE THE FOLLOWING:

IS OCCUPANCY CHARGED ON A DAILY BASIS AND NOT COLLECTED MORE THAN 6 DAYS IN ADVANCE?  
 YES  NO

IS MAID AND LINEN SERVICE PROVIDED DAILY OR EVERY TWO DAYS AS A PART OF THE REGULARLY-  
CHARGED COST OF OCCUPANCY?  YES  NO

DOES PERIOD OF OCCUPANCY EVER EXCEED 30 DAYS?  YES  NO

**Applicable in WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Applicable in OR:** Any person who knowingly and with intent to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Completion of the application does not bind coverage. The Company's acceptance of the risk is required before coverage may be bound and a policy issued.**

**The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful.**

APPLICANT \_\_\_\_\_

PRODUCER \_\_\_\_\_

HAS PRODUCER PHYSICALLY INSPECTED PREMISES IN LAST 12 MOS?  
 YES  NO

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

This form shall be attached to, and made part of, the fully completed Acord application by the applicant.