Name of Insured: _________________________________________________________

Effective Dates of Coverage: ________________________________________________

1. How many units are owned or managed by the Housing authority? ___________________________
   Largest Single location ___________________________________________________________

2. What is the maximum number of units per building? _______________________________________

3. What is the maximum number of occupants of any one building? _____________________________

4. Any aluminum wiring? …………………………………………………………………___Yes ___No

5. If multiple buildings, please provide diagram including the number of units per building and the
distance between buildings __________________________________________________________

6. Are smoke detectors present in each unit? ………………………………………___Yes ___No
   Are the detectors…………………………………………………………. Battery ___ Electric ___
   If Battery, How often are the batteries checked? __________________________________________

7. Is exterior lighting adequate? …………………………………………………………...___Yes ___No

8. What security devices are provided on external doors and windows? __________________________

9. Do all structures meet the NFPA Life Safety code in design and layout? ……………...___Yes ___No

10. Are premises handicapped accessible/ …………………………………………………..___Yes ___No

11. Is any playground equipment present on the premises? ………………………………...___Yes ___No
    If yes, identify types of equipment and surface beneath equipment: __________________________
    Is equipment regularly inspected? ………………………………………………………___Yes ___No
    At what interval? ___________________________________________________________________

12. Is a pool located on the premises? ……………………………………………………....___Yes ___No
    Is it fenced in? ………………………………………………………………………__Yes ___No
    Self-closing gates? ………………………………………………………………………___Yes ___No
    Depth markers properly placed? ………………………………………………………___Yes ___No
    Rules posted? ……………………………………………………………………………___Yes ___No
    Is life safety equipment provided? ………………………………………………………___Yes ___No
    If yes, Type: _______________________________________________________________________
    Any diving boards? ……………………………………………………………………...___Yes ___No

13. How many elderly units? _____________________________________________________________

14. How many section 8 units? ___________________________________________________________

15. How many family units? _____________________________________________________________

• COLOR PHOTOGRAPHS ARE REQUIRED FOR COVERAGE CONSIDERATION
• PLEASE ENCLOSE A VEHICLE LIST AND A DRIVERS LIST