



3D STAR INSURANCE SERVICES, INC.

HABITATIONAL

SUPPLEMENTAL QUESTIONNAIRE FOR LIABILITY

(complete in addition to the Acord Application)

Name:							
Location:							
Producer:		Expiration:					
Construction:		Roof Construction:		Age:			
Roof Type: (flat/peaked, etc.)		Roof Updated?		Parapets:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Number of Stories:		If over three (3) stories, are interior stairways enclosed and equipped with self-closing fire doors on each floor?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Square Footage:		(Per building)					
Building(s) Age?		Years owned by the insured:					
Number of Buildings:		If multiple buildings, what is the separation between buildings:					
Type of wiring:		If aluminum, have receptacles & switches been fixed using the Cop Alum Crimp Method?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has there been any other electrical updating?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please describe?			
Have there been any upgrades to HVAC?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Details:			
Is the entire property fenced?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Automatic access gates?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Central Station Fire Alarm?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Please specify:		3 rd Party <input type="checkbox"/> Police <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Other	
Central Station Burglar Alarm?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Type: (circle appropriate)		A, B, C, AA, BB, CC, 1, 2, 3	
Please specify:		<input type="checkbox"/> 3 rd Party <input type="checkbox"/> Police <input type="checkbox"/> Other		Other Private Protections?			
Is building sprinklered?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes:		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL _____%	
Number of elevators:		Number of boilers:					
Are there standpipes in building?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Are the standpipes in good order and free from rust?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are the pumps exercised regularly?		Please specify: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually					
Are fire extinguishers tagged and inspected annually?		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Distance to nearest Fire Dept?		Distance to nearest fire hydrant?					
Private Security?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Employed?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Armed Guard?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Days of the week:		Hours on duty:	
If subcontracted, are Certificates of Insurance obtained and are you named as Additional Insured?		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Are tenants screened prior to leasing?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Credit Checks?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				Criminal Checks?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Crime and Vandalism in neighborhood?		HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW					

Are tenants informed of crime and vandalism activity?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Is there a formal, written safety and security policy in effect?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have any crimes occurred or been attempted on your premises within the last three years? (If yes, describe)							<input type="checkbox"/> YES <input type="checkbox"/> NO
Are employees screened?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Reference Checks?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Prior Jobs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Credit Checks?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Criminal Checks?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Occupancy:	%	Less than 90%, explain:					
Total number of units:				Total number of untenable units?			
				Reason for vacancy:			
Is this a <input type="checkbox"/> CONDO <input type="checkbox"/> CO-OP <input type="checkbox"/> RENTAL							
Any Government Subsidized Housing?		YES NO		If Yes, what percent?		%	
Any student renters?		YES <input type="checkbox"/> NO		If Yes, what percent?		%	
Management on-site?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Maintenance on-site?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is this Senior Housing?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, what percent?		%	
What percent is Section 8?		%		What percent is Section 42?		%	
Total annual building rental income:				Is there a rental subsidy? If so, how much?			
Average monthly rental per type of unit?			One Bed \$	Two Bed \$	Three Bed \$	Townhouse \$	
Smoke Alarms?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Battery?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Hardwired?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Kitchen Alarm?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Alarm in Hallway leading to bedrooms?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Alarm in common interior hallways and stairways?			<input type="checkbox"/> YES <input type="checkbox"/> NO		Other:		
Central laundry facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sprinklered?	<input type="checkbox"/> YES <input type="checkbox"/> NO		How often are lint filters cleaned?		
Central cooking facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, are facilities protected by a fully operational automatic fire suppression system?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are hoods and ducts in cooking facility cleaned on at least a quarterly basis by a qualified professional?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Clubhouse:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Square footage if separate:			
Garages:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how many spaces:				Distance from building if separate?	
Any parking under building?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Sprinklered?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any other parking facilities owned or rented:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Is a fee charged for parking?			
Any operations sold, acquired, or discontinued in last 6 (six) years?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any watercraft, docks, floats owned, hired or leased?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Swimming pool(s)?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Is pool area fenced?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the pool area have self-closing & locking gates?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Diving Boards?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does pool area have rules posted?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Is there a sign "No Lifeguard on Duty-Swim at Own Risk"?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the pool area have lifesaving equipment (i.e. life ring, shepherds hook, etc.)?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Playground(s)?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, how is it secured?			
Type of Surface on playground: (asphalt, grass, sand)							
Tennis Court(s)?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, how many:			
Are Day Care facilities operated or controlled?				<input type="checkbox"/> YES <input type="checkbox"/> NO			

Any other recreational facilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Provide full details:	
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Explain all "yes" responses (For all past or present operations)	YES	NO	Explain all "yes" responses (For all past or present operations)	YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONAL EMPLOYED OR CONTRACTED?			7. ANY DEMOLITION EXPOSURE CONTEMPLATED?		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			8. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE (D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			9. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?		
			10. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYEES?		
4. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			11. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?		
5. SPORTING OR SOCIAL EVENTS SPONSORED?			12. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT SAFETY AND SECURITY OF THE PREMISES?		
6. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?					

LOSS HISTORY	AMOUNT	CAUSE OF LOSS
2004		
2003		
2002		
2001		
2000		

REMARKS

CURRENT CARRIER _____ MARKETS ALREADY APPROACHED _____

EXPIRING PREMIUM _PROPERTY\$ _____ GL \$ _____ PER UNIT

TARGET PREMIUM _\$ _____ PROPERTY _\$ _____ GL \$ _____ PER UNIT