

- If "yes" please list the name(s) of the company(ies): _____
- If not all properties are inspected, what percentage are? _____%
- If inspected please describe the inspection process (exterior only, interior and exterior, etc.):

- If "yes" what percentage? _____%
- What is the average time a property asset is held? _____

Rental Information

- Does the insured utilize a standard lease agreement for the rentals? Yes No
- Are all prospective renters subject to a background check? Yes No
- Are all tenants required to purchase renter's insurance? Yes No
- Is the insured exposed to student housing? Yes No
- Does the insured have subsidized renters? Yes No
- Does the insured "rent to own" properties to tenants? Yes No
- What is the vacancy rate for the insured's properties? _____
- On average, how long is a property vacant between tenants? _____
- Does the insured rent to seasonal tenants? Yes No
- Are any of the properties vacation rentals? Yes No

Portfolio Renovation and Maintenance

- Does the insured renovate properties if needed? Yes No
- If "yes" what is the average cost of renovation per unit? \$ _____
- On average are the renovations Cosmetic or Structural?
- How long is the typical renovation period? _____
- Does the insured utilize its own construction crew for renovation or does it hire independent contractors? Own Crew Independent Contractor
- If the insured utilizes independent contractors, are they required to be fully insured and does the insured require certificates of insurance? Yes No
- Does the insured maintain a maintenance schedule for its properties? Yes No
- How often are properties inspected? _____

Insurance Program

If the insured has a current insurance program:

- Who is the current carrier? _____
- Is the current insurance program on a Master Policy or Individual Property Policy basis?

***Please provide the following: 3 years of currently valued loss runs.**

Property Deductible Per Occurrence Preference (ex. CAT):

<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> Other
----------------------------------	----------------------------------	-----------------------------------	-----------------------------------	--------------------------------

- This coverage offers a \$1,000,000 / \$2,000,000 General Liability limit. Does the client desire to purchase excess liability coverage? Yes No

- If "yes" please indicate additional coverage limits desired:

<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> Other
--------------------------------------	--------------------------------------	--------------------------------------	---------------------------------------	--------------------------------

- Has the insured ever had their insurance program non-renewed or cancelled? Yes No

- If "yes" please explain:

Additional Questions

- Are any of the following exposures present at any of the insured's properties?

<input type="checkbox"/> Swimming Pools	<input type="checkbox"/> Trampolines	<input type="checkbox"/> Playground Sets
---	--------------------------------------	--

- Are the insured's tenants allowed to own dogs? Yes No

- If "yes" please describe any restrictions on size and breed:

Portfolio Financing Questions

- Will this portfolio have properties with financing? Yes No
- If "yes" will any of properties be paid through escrow (impound) account Yes No
- If "yes" Please provide Lender/Mortgagee Name, Address, Loan# and list of properties to be paid through escrow (impound)

AGENT INFORMATION

Agency Name: _____

Broker Name: _____

Broker Phone Number: _____

Broker Email Address: _____

Date: _____

Signature

Title

Printed Name