



**AFFORDABLE HOUSING RISK POOL (AHRP)
Underwriting Questionnaire**

Insured's name: _____

Insured's address: _____

Contact name: _____ Phone: _____ Ext: _____

Website: _____ E-mail: _____

Location name: (if applicable) _____

Location address: _____

City: _____ State: _____ Zip: _____

Organizational Information

Type of Entity:

- Limited liability company or partnership (general or limited) that provides affordable housing and is affiliated* with a housing authority or nonprofit corporation that provides affordable housing
- Non-profit corporation
- For-profit corporation
- Other (_____ (specify))

(*Affiliated means (i) an ownership interest by the housing authority or nonprofit corporation in the partnership or LLC, (ii) the right of the housing authority or nonprofit corporation to direct management or policies of the partnership or LLC or (iii) a contract for the housing authority or nonprofit corporation to lease, manage or operate the affordable housing.)

If Non Profit Organization, what other activities other than housing is the owner involved in:

Are you seeking insurance for these activities? Y / N

If a nonprofit organization, do the nonprofit and the housing authority have the same board of directors? Y / N

Type of Habitational Risk: ___Senior ___Family ___ HOA/Condo
___SRO ___Group Home ___Other
___ Assisted living/ disabled

Please describe services: _____

Insurance Information:

Policies Requested: _____ Liability & Property
_____ Property only
_____ Liability only
_____ Liability only (during construction)

Proposed effective date: _____ Current deductible: _____

Required general liability limits: \$ _____ Excess: \$ _____

Total structure value: \$ _____

Contents: \$ _____ Rents: \$ _____

Loc #	Bldg #	Street/City/State/Zip	Year Built	Stories	No of Units	Const	Bldg Sq Ft	Historical Register?

Non-habitation on premises? Y / N if yes, type: _____

Management on site? Y / N Maintenance equipment or buildings on site? Y / N

Swimming pool? Y / N Does it have a 6' fence and self closing & latching gates? Y / N

Workout room? Y / N Signs posted? Y / N

Updates: Roof _____ Elec _____ Plumbing _____ Heating _____

Smoke detectors? Y / N Sprinklers? Y / N Fire alarms? Y / N Monitored? Y / N

1. Have Fair Housing complaints, claims/orders been filed against the entity? Y / N
2. Have building inspectors, the fire department or a municipality issued building or life safety code violations, citations or orders against the property? Y / N
3. Does this property receive (or at construction did it receive) any Federal subsidies (other than Sec. 8), Y / N
4. When was the last fair housing training for all staff? _____
5. Do you perform tenant background checks? Y / N
6. Do you provide security services? Y / N
7. Are you managing properties for an unaffiliated entities other than this location? Y / N
8. a) Do you have a contracted property manager (other than the housing authority)? Y / N
b) Does the contract property manager have E&O/discrimination insurance? Y / N
If yes, please provide certificates and the property management agreement/contract
c) Are they contractually responsible for fair housing claims? Y / N
9. Are any employees required to carry a special license of any kind? Y / N If
yes, what types: _____

Source of property financing: _____

Additional insured name _____

Address _____

Loss payee name _____

Address _____

Loan number: _____

___ Loss run (5 years) ___ Most recent inspection reports (from funding sources)

___ Audited financials ___ Lender requirements

___ Photos ___ Life safety/structure inspection (if built prior to 1980)

I certify that the information on the application is true and accurate to the best of my knowledge. I understand that if alternate information becomes available, it may result in a change of premium or policy/coverage cancellation.

Signature

Date



For AHRP underwriting use only

Underwriting Notes: _____

Underwriter Signature: _____ Date: _____