



Underwriting Checklist

Attached

Completed and Signed Underwriting Questionnaire
with calculated value per square foot
Comments:

Loss Runs, with Calculated Loss Ratio
Comments:

Property Management Agreement with tenant discrimination
Comments:

Lender Requirements
Comments:

Inspection (if built before 1990) or Scope/Needs Assessment Report
Comments:

Photographs (interior & exterior)
Comments:

Additional Comments:

Outstanding Issues:



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
- 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: \$ _____

Number of buildings: _____

Bldg #	Street/City/State/Zip	Year Built	No. of Stories	No. of Units Dwelling	No. of Units Non-dwelling	Bldg Sq. Ft	Structure Value	Content Value	Rental Income Value

Total structure value: _____ Type of construction: _____

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 Playground? Y / N

Is property on historical register? Y / N

Year Updated: 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. When was the last fair housing training for all staff? _____

- 4. Do you perform tenant background checks? Y / N
- 5. Do you provide security services? Y / N
- 6. a) Do you have a contracted property manager (**other than the housing authority**)? Y / N
 b) Does the contract property manager have E&O/tenant discrimination insurance? Y / N
If yes, please provide certificates and the property management agreement
 c) Is the property manager contractually responsible for fair housing claims? Y / N
- 7. Are any employees required to carry a special license of any kind? Y / N
 If yes, what type: _____

Additional insured name _____

Address _____

Loss payee name _____

Address _____

Loan number: _____

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: _____