



Underwriting Checklist

The underwriter requires the following items:

- Completed and signed underwriting questionnaire form with calculated value per square foot
- Loss runs
- Property management agreement (which **must** include tenant discrimination coverage) and current property management certificates
- Lender requirements
- If built prior to 1990, an inspection or scope/needs assessment report
- Detailed information on past or future renovations (attach punch list and value of upgrades)
- Photographs of the property (interior & exterior)
- A list of additional insureds / loss payees to include full name, address, loan number(s), and what the entity is to be named

Additional Comments:

Outstanding Issues:

Underwriting Questionnaire

Attn: Torey Plummer

Email: torey@harrp.com / Phone: (360) 574-9035 x103

Insured's name: _____

Insured's address: _____

Contact name: _____ **Phone:** _____ **Email:** _____

Location name (if applicable): _____ **Tax ID:** _____

Location address: _____

City: _____ **State:** _____ **Zip:** _____

Property Manager*: _____

**If the property manager is not the housing authority, please provide certificates and the property management agreement.*

**Does the contract property manager have E&O/tenant discrimination insurance? Y/N*

**Is the property manager or contracted parties contractually responsible for fair housing claims? Y/N*

Type of Entity (choose one of the following):

- Wholly owned by housing authority
- 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 (please specify) _____

If non-profit corporation...

1. What activities other than housing is the owner involved in? _____

2. Are you seeking insurance for these other activities? Y / N
3. If a non-profit organization, do the nonprofit and the housing authority have the same board of directors? Y / N

Type of Unit(s): _____ Senior _____ Family _____ HOA/Condo _____ SRO
_____ Group Home _____ Other _____ Assisted living/disabled

Please describe services: _____

(*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.)

Insurance Information:

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

Proposed effective date: _____ Current deductible: _____

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

Street/City/State/Zip	Year Built	# of Stories	# of Dwelling Units	# of Non-Dwelling Units	Bldg Sq Ft	Building Structure Value	Building Contents	Annual Building Rents
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$

of buildings: _____ Total structure value: \$ _____ Value per square foot: \$ _____

1. Dwelling type (i.e. duplex, triplex, apts, condo, etc.) : _____
2. Non-dwelling type (i.e. community room, office, laundry, etc.): _____
3. Is the structure currently occupied? Y / N
4. Is the property on historical register? Y / N
5. Construction type (i.e. wood, fire resistant, joisted masonry, etc.): _____
6. Roof type (i.e. composite, metal, etc.): _____
7. Year updated: Roof _____ Electrical _____ Plumbing _____ Heating _____
8. Electrical Panel Box (circle one): Fuses / Circuit Breakers
9. Smoke detectors? Y / N Sprinklers? Y / N Fire alarms? Y / N Monitored? Y / N
10. Does each unit have its own breaker/fuse box? Y / N
11. Management on site? Y / N
12. Maintenance equipment or buildings on site? Y / N
13. Playground? Y / N
14. Workout room?* Y / N **If yes, are signs posted (i.e. "Use equipment at your own risk")?* Y / N
15. Swimming pool?* Y / N **If yes, does it have a 6' fence & self-closing & latching gates?* Y / N
16. Are solar panels at this location? Y / N **If yes, what is the value?* \$ _____

Organizational Information:

- 17. Have Fair Housing complaints, claims/orders been filed against the entity? Y / N
- 18. Have building inspectors, the fire department, or a municipality issued building or life safety code violations, citations, or orders against the property? Y / N
- 19. When was the last fair housing training for all staff? _____
- 20. Do you provide security services? Y / N *If yes, what type? _____
- 21. Are any employees required to carry a special license of any kind? Y / N *If yes, what type? _____

Signature

Date

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.

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For underwriting use only

Underwriting Notes: _____

Underwriting Signatures(s): _____ **Date:** _____
_____ **Date:** _____