



Occupancy Codes

- APT - Residential Apt - Corporate Unit
- CCB - Commercial Condo Bldg
- CNR - Residential Condo Bldg
- CPR - Residential Co-Op Bldg
- DW2 - Dwellings-Two Family (LRO)
- DW3 - Dwellings-Three Family (LRO)
- DW4 - Dwelling-Four Family (LRO)
- GDN - Residential Garden Apts.
- GRG - Parking Garage
- HOA - Residential Townhouse/HOA
- HSE - House - Single Family
- LDV - Land - Vacant
- OFC - OFC - Office Insured's Space
- OFF - Office Building
- RET - Retail Store - Stand-Alone
- RNT - Residential Rental Bldg (Multi-Family)
- SHP - Retail Shopping Center (w/ Anchor)
- SPN - Residential Apt - Sponsor/Investor Unit
- SRO - Rental - Single Room Occ
- ELD - Rental - Elderly
- WRH - Warehouse

NAMED INSURED:*

submit

Day Care Supplement.

	Street Address	City	State	Zip Code	Occupancy	Day Care Ctr on Premises (Y/N)	# of Bldgs	# of Floors	% Occ	# of Elev	# of Units	Commercial Square Footage	Type of Commercial Tenants	Total Bldg Square Footage	Building Value	Contents Value
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Signature:																
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***Please Note:** Unless otherwise indicated, all questions must be completed. If not applicable, answer n/a, none, or no. Please do not leave any questions blank. For those completing in Excel, drop-down boxes with choices, are available for most questions.



Indoor Convert If any
 Outdoor from # of owned/leased
 Both spaces: vehicles,
 None Submit Auto supplement

FRS = Fire Resistive
 NCM = Non-Combustible
 MNC = Masonry Non-Comb
 JMS = Joisted Masonry

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Enter the Most

Not Rated # X 200sf

& MVR's

Recent Renovation Year

FRM = Frame

	Street Address	City	State	Zip Code	Rent / Bl Value	Type	Parking	Vacant	Number	Year	Year	Gut	Roof	HVAC	Plumb	Elect.	Construction	Protect
						Parking	Footage	Land	of Vehicles	Built	Purchased	Rehab:	Rehab:	Rehab:	Rehab:	Rehab:		
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Posted
 F = full Distributed
 If yes, P = partial
 None
 Hard Wire
 Battery
 None
 Halls
 Stairs
 describe N = none Drills
 Both
 Both

	Street Address	City	State	Zip Code	Bldg Code Violations (Y/N)	Identify Type of Sprinklers	Emergency Plan	Stand- pipe (Y/N)	Annunciator Panel (Y/N)	C/S Alarm (Y/N)	Manual Pull F.A. (Y/N)	Identify Type of Smoke Det	Panic Alarms in Unit (Y/N)	Emerg. Lighting (Where)	Illuminated Exit Signs (Y/N)	2 exits per flr (Y/N)
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Date:																

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None
 FT Armed
 FT Unarmed
 PT Armed
 PT Unarmed
 None
 FT
 PT
 Indoor
 Outdoor
 None
 Mulch
 None
 Dirt
 Sand
 Clay
 Cement
 If Yes, submit
 description

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	Street Address	City	State	Zip Code	Outside Egress (Y/N)	Enclosed Stairwell (Y/N)	Watchman	Door-man	# of Pools	Pool Type	Fenced/Posted / Life Safety Equip (Y/N)	Diving Boards (Y/N)	Play Ground Type	# of Marina Slips	Golf Course (Y/N)	Other Amenities Recreation
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Senior Housing Services including:
 1 - Communal Dining
 2 - Emergency Call System
 3 - Transportation
 4 - Housekeeping
 5 - Medical/Nursing Serv.

Concrete
 Metal

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Wood/Other

	Street Address	City	State	Zip Code	Aluminum Wiring (Y/N)	Aluminum Wiring Repair Type	Type of Current Protection	Type Of Fuses	Amps. Per Unit	Sr(55) Housing Student Housing Short Term Rentals (less than 6 Mths) SRO	If Senior Housing, any Services Provided (Y/N)	Construction Type Of Balconies
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- Funding**
- 1 - Commercial: Bank or Lending
 - 2 - State: financing agency
 - 3 - HUD Project Based
 - 4 - HUD Vouchers
 - 5 - Low Income Housing Tax Credit
 - 6 - Grants

- Management**
- 1-Third-party
 - 2-Owner Managed
 - 3-Resident Managed

- Ownership**
- 1- private - individual
 - 2 - private - corporate
 - 3 - non-profit
 - 4 - government

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**HUD
Section #**

No Need to Answer These Questions unless an Affordable Housing Submission.

	Street Address	City	State	Zip Code	Funding	HUD Section #	Management Co.	Ownership	Social Service Operations on Premises (Y/N)
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Insureds Signature:									
Date:									

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