



SUPPLEMENTAL LEAD-BASED PAINT QUESTIONNAIRE

Named Insured: _____

Proposed Effective Date: _____

Note: This application is to be completed with respects only to the properties on the schedule that were built prior to 1978.

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1. How many units comprise all properties built prior to 1978 on the schedule? _____
 2. Does the u/l General Liability Policy (ies) contain a specific lead-based paint exclusion or a sub-limit on lead coverage: **Yes or No**
 3. Does any property on the schedule have current or prior lead claims, violations, and/or complaints related to lead paint (this includes knowledge of any prior notices, violations, letters or other written communication from any source concerning lead based paint)? **Yes or No**
 4. Has any property on the schedule been tested, in any manner, for lead based paint? **Yes or No** (if No, please skip to question # 5)
 - a. If **YES** to question #4, did the test results come back safe? **Yes or No**
 - i. If **NO** to question #4a, was the building completely lead abated and then tested safe? **Yes or No**
 5. Are all properties compliant with Federal and State Lead Regulations? **Yes or No**
 6. Do all properties follow a formalized & regular maintenance procedure for encapsulating and/or abating potential lead hazards? **Yes or No**
 7. At the time of signing this application, are you, your employees, officers or volunteers aware of any fact of circumstance that may result in a lead-based paint claim under this policy? **Yes or No**

Insured's Signature

Title of Signor

Date