



## 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. 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**
  
  2. 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**
  
  3. Has any property on the schedule been tested, in any manner, for lead based paint? **Yes or No**
    - a. If yes to previous question, did the test results come back safe? **Yes, No, N/A**
    - b. If No to question #5a, was the building completely lead abated and then tested safe? **Yes, No, N/A**
  
  4. Are all properties compliant with Federal and State Lead Regulations? **Yes or No**
  
  5. Do all properties follow a formalized & regular maintenance procedure for encapsulating and/or abating potential lead hazards? **Yes or No**
  
  6. 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**

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Insured's Signature

Title of Signor

Date