



Underwriting Supplement

Named Insured _____

Building Address, City, State, Zip Code _____

1. Management Company years in Business: 2. Owner years in business:	_____ _____
3. Days per week the manager/owner is in the building?	_____
4. What is the self-inspection frequency?	<input type="checkbox"/> None <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other
5. Number of building employees at this location:	_____
6. Estimated Tenant Demographics: (If commercial only occupancy select N/A)	% Under 21 years: _____ % 21-65 years: _____ % Over 65: _____ N/A: _____
7. Loss prevention materials distributed to tenants? (e.g. What to do in the event of a fire, safety bulletins)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Tenant background checks? (If commercial only occupancy select N/A)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Are tenants allowed to have dogs? 10. Are there pet weight restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Are there any major upgrades planned for the roof, electrical, plumbing, or HVAC system? (select N/A if building was built in the last 10 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Yearly % Eviction: (If commercial only occupancy select N/A)	% _____ N/A _____

To take advantage of pricing availability, all questions must be answered.

Insured Signature _____ Date _____

If you have any questions or comments please contact your Distinguished Programs Underwriter (212-297-3100)