

## Property Questionnaire

Name of organization \_\_\_\_\_

Completed by \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

Location address \_\_\_\_\_ Email Address \_\_\_\_\_

Occupancy Description (Please complete one questionnaire per building/location) \_\_\_\_\_

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Have there been any arson losses in the past 5 years?<br>a. <b>If so</b> , please describe   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have there been any vandalism losses in the past 5 years?<br>a. <b>If so</b> , please describe   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are any of the insured's buildings on a historic registry?<br>a. <b>If so</b> , please provide a copy of the replacement cost appraisal. | <input type="checkbox"/> | <input type="checkbox"/> |

### Property Protection

- |  | Yes  | No   |
|--|--|--|
| 1. Is the nearest fire department paid or volunteer? <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Combo   |  |  |
| 2. What is the distance to the nearest responding fire department? _____   |  |  |
| 3. Is your property in a remote location?<br>a. <b>If yes</b> , is there a full-time caretaker on premises?<br>b. Please describe controls in place to prevent malicious mischief, vandalism, arson, etc.                          | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 4. Is your property located in an area prone to brush fire or wildfire?<br>a. <b>If yes</b> , please describe risk management controls in place to reduce burn exposure.   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 5. Do you have written procedures to utilize an alternate water source and an automatic fire pump for fire suppression?<br>a. <b>If yes</b> , is the system and pump tested annually?<br>b. Please describe the water source _____ | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |

### Electrical Systems

- |   | Yes | No |
|---|-----|----|
| 1. Please provide the following electrical information<br>a. Make & manufacturer of electrical panel and breakers _____<br>b. Is all electrical wiring connected to functional and operational circuit breakers?<br>c. Does your facility have aluminum wiring?<br>d. Does your facility have knob and tube wiring?<br>e. Who completes your electrical repairs?<br><input type="checkbox"/> Licensed electrician <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____ |     |    |
| 2. Please indicate type of panel<br><input type="checkbox"/> Challenger <input type="checkbox"/> Federal Pacific Electric "Stab-Lock" (FPE) <input type="checkbox"/> Zinsco<br><input type="checkbox"/> Split-bus <input type="checkbox"/> Pushmatic Bulldog <input type="checkbox"/> Other _____   |     |    |

**Plumbing and Water Systems**

	Yes	No
1. Do you have basement drains and/or floor drains?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, are they equipped with one-way valves to prevent water backup?	<input type="checkbox"/>	<input type="checkbox"/>
2. What type of pipes are present, select all that apply: <input type="checkbox"/> Lead <input type="checkbox"/> Plastic or PVC <input type="checkbox"/> Copper <input type="checkbox"/> Brass <input type="checkbox"/> Steel/galvanized steel <input type="checkbox"/> Rubber <input type="checkbox"/> Other _____		
3. Are pipes wrapped in insulation, select all that apply: <input type="checkbox"/> Asbestos <input type="checkbox"/> Rubber <input type="checkbox"/> Fiberglass <input type="checkbox"/> Foam <input type="checkbox"/> Other _____		
4. Do you have water lines or sprinkler lines in unheated areas like attics, crawl spaces, etc. or in areas where the temperature may fall below 45°F?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any seasonal, vacant, or unused buildings with water pipes?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there an annual formal maintenance and freezing weather inspection schedule for all buildings for cold weather?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there procedures in place if pipes freeze?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there procedures in place if pipes burst?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you interested in property telematics?	<input type="checkbox"/>	<input type="checkbox"/>
10. Please describe all seasonal freeze prevention measures for water pipes and unheated areas:		
11. Do you have automatic sprinklers?	<input type="checkbox"/>	<input type="checkbox"/>
a. Has your sprinkler system been tested by a qualified contractor within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
b. Has your sprinkler system received a formal winterization review by a qualified sprinkler contractor within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are the sprinkler system activation alarms monitored by an approved 24-hour alarm receiving center?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you regularly inspect your sprinkler system to verify access and identify concerns?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all valves in the correct operating positions, as indicated by system diagrams?	<input type="checkbox"/>	<input type="checkbox"/>

**Roof**

	Yes	No
1. Square footage of roof _____ Age of roof _____ Planned date for roof replacement _____		
2. Style of roof, select all that apply: <input type="checkbox"/> Conventional slope <input type="checkbox"/> Low slope <input type="checkbox"/> Flat <input type="checkbox"/> Parapet walls <input type="checkbox"/> Mono-slope <input type="checkbox"/> Gable (2 slopes) <input type="checkbox"/> Hip (4 slopes) <input type="checkbox"/> Other _____		
3. Type of roof material, select all that apply: <input type="checkbox"/> Asphalt <input type="checkbox"/> Slate <input type="checkbox"/> Metal <input type="checkbox"/> Composite <input type="checkbox"/> Rubber/rolled membrane <input type="checkbox"/> Clay tiles <input type="checkbox"/> Concrete tiles <input type="checkbox"/> Wood/cedar shake <input type="checkbox"/> Synthetic composite shingles		
4. Is the roof hail resistant? <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you conduct annual roof inspection and regular maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any roof leaks in the past 12 months? a. If yes, please describe any work to repair the leaks: <input type="checkbox"/> None planned at this time	<input type="checkbox"/>	<input type="checkbox"/>

**Roof Continued**

	Yes	No
7. Has the roof been exposed to severe weather in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, <input type="checkbox"/> No damage <input type="checkbox"/> Repaired damage <input type="checkbox"/> Unrepaired damage		
8. Do you have roof mounted equipment (HVAC, solar panels, skylights, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
a. Please describe type, age, and indicate number of units:		
b. Date installed _____		
c. Indicate if equipment is owned or leased: <input type="checkbox"/> owned or <input type="checkbox"/> leased		
d. Is there hail guard protection in place?	<input type="checkbox"/>	<input type="checkbox"/>
e. Please describe other controls utilized to protect your roof and/or mounted equipment:		
f. Do you have solar panels?	<input type="checkbox"/>	<input type="checkbox"/>
Cost of solar panels _____, inverter, _____ and installation cost _____		
Does the solar system generate less than 500 kW?	<input type="checkbox"/>	<input type="checkbox"/>
Does the solar system contain less than 1,800 panels?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a Rapid Disconnect Switch?	<input type="checkbox"/>	<input type="checkbox"/>
Have the solar panels been installed by a Certified EPC Installer?	<input type="checkbox"/>	<input type="checkbox"/>
Are the panels: <input type="checkbox"/> Fixed on a rooftop or <input type="checkbox"/> freestanding		