

APARTMENT BUILDING OWNERS QUESTIONNAIRE – OREGON

FINANCIAL PACIFIC



This questionnaire is part of the application. The answers in this questionnaire are representations on the part of the applicant/insured, furnished to Financial Pacific Insurance Company, in consideration for Financial Pacific Insurance Company providing insurance. If necessary, use a separate piece of paper to explain your responses.

Applicant/Insured _____ Web address _____

Total years in business _____ Years under your current business name _____

Applicant/Insured Social Security number _____ - _____ - _____

1. How many units does the apartment have?

Occupied _____	Government subsidized _____ %
Vacant _____	Student Occupied _____ %
Total _____	Total annual rental income \$ _____
2. Monthly Rent: Studio \$ _____ 1 BR \$ _____ 2 BR \$ _____ Other \$ _____
3. Avg. rent for area: Studio \$ _____ 1 BR \$ _____ 2 BR \$ _____ Other \$ _____
4. Is the facility subject to rent control or stabilization regulations? Yes _____ No _____
5. Are tenants pre-screened? Yes _____ No _____

Credit Checks Yes _____ No _____	Reference Checks Yes _____ No _____
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6. Are tenants allowed to keep animals on the premises? Yes _____ No _____

If yes, please explain. _____
7. Is there a manager on the premises? Yes _____ No _____

If no, how do tenants contact management? _____
8. Complex managed by: Owner _____ Owners' Employee _____ Property Mgmt. Firm _____

Name _____

Address _____
9. Are employees pre-screened? Yes _____ No _____

Credit Checks Yes _____ No _____	Reference Checks Yes _____ No _____
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10. Is the entire property fenced? Yes _____ No _____
11. Is there private security? Yes _____ No _____

Employed: Yes _____ No _____ Subcontracted: Yes _____ No _____ Armed: Yes _____ No _____
12. Roof Type: Comp. _____ Tile/Cement _____ Wood _____ Tar & Gravel _____ Other _____
13. Do the premises comply with the NFPA's Life Safety Code? Yes _____ No _____
14. Are all apartments equipped with smoke alarms? Yes _____ No _____

If yes, are they "hard wired?" Yes _____ No _____
15. Do all shower floors/tubs have non-slip surfaces? Yes _____ No _____
16. Has any building ever had any water damage? Yes _____ No _____

If yes, please explain. _____
17. Are there balconies? Yes _____ No _____

If yes, how are they enclosed? _____

Are barbecues permitted on balconies? _____ Yes _____ No _____
18. Do windows have bars/grills over them? Yes _____ No _____
19. Is there a formal written accident reporting procedure? Yes _____ No _____
20. Is there a sauna on the premises? Yes _____ No _____

- If yes, is it monitored by staff to ensure resident's safety?Yes ___ No ___
21. Is there a swimming pool and/or spa on the premises?Yes ___ No ___
- If yes, are pool regulations and safety rules posted in full view?Yes ___ No ___
- Is there a self closing and locking gate?Yes ___ No ___
- Is there proper lifesaving equipment available?Yes ___ No ___
- Is there a lifeguard on duty at all times the pool is open?Yes ___ No ___
- Is there a diving board or slide?Yes ___ No ___
22. Is there any day care conducted on the premises?Yes ___ No ___
- If yes, please explain. _____
- _____
23. Is there any playground equipment on premises?Yes ___ No ___
- If yes, please describe. _____
24. Are there any other recreational facilities on premises?Yes ___ No ___
- If yes, please explain. _____
25. Is there an exercise room on premises?Yes ___ No ___
- If yes, are there "free weights"?Yes ___ No ___
26. Is all electrical equipment in compliance with electrical codes and regularly serviced?Yes ___ No ___
27. Is there a standard maintenance program in place for all other equipment?Yes ___ No ___
28. Is the equipment checked regularly to ensure that it is functioning safely?Yes ___ No ___
29. Are facilities or equipment ever rented, leased or loaned out for events?Yes ___ No ___
- If yes, please explain on a separate sheet of paper.
30. Are all subcontractors required to name the insured as additional insured on their policies?Yes ___ No ___
31. Have you ever been cited by any governmental agencies such as Board of Health or the Fire Marshall in the past?Yes ___ No ___
32. Are you currently aware of any environmental conditions that could give rise to a pollution claim?Yes ___ No ___
- If yes, please explain on a separate sheet of paper.
33. Are there any above ground or underground tanks with a capacity of 250 gallons or more located on the premises?Yes ___ No ___
- If yes, please provide a tank schedule.
- Do tanks meet 1998 EPA upgrade requirements?Yes ___ No ___
34. During the last 5 years have you been cited and/or prosecuted for contravention or violation of any standard or law relating to the release from your premises of any substance into sewers, rivers, seas, air or land?Yes ___ No ___

IF THERE IS MORE THAN ONE BUILDING, PLEASE ATTACH DIAGRAM

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I understand that Financial Pacific Insurance Company may rescind coverage if I have not provided accurate and complete information in this application.

Owner or Officer's Name

Agent's Name

Title

Agent's Signature

Date

Owner or Officer's Signature

Date

Expiring FPIC policy number, if applicable