



Underwriting Questionnaire & Property Coverage Add/ Delete Form

Attn: Adiah Swenson - EMAIL: Adiah@harrp.com - PHONE: (360) 574-9035 x100

Items to note prior to filling out form:

- Form must be submitted to HARRP at least 30 days prior to acquisition in order to allow time for proper risk management assessment
- For disposal of currently owned property, it is only necessary to provide the location and effective date
- Please attach photo of building(s) if available, and use additional sheets if necessary
- Depending on the property conditions listed below, HARRP reserves the right to require a specialized insurance underwriting inspection to be obtained before a final underwriting decision can be made

Type of coverage requested:

Full Coverage Bare Land Lot Other (describe)

Legal property owner (if other than Housing Authority, contact HARRP prior to proceeding):

Effective date of addition or deletion:

Name of Housing Authority:

Housing Authority contact name:

Contact phone:

Email:

Location name (if applicable):

Project/ location number (if applicable):

Is this an acquisition rehabilitation property? Y / N

Total structure value: \$

Contents: \$

Rents: \$

Bldg #	Street/City/State/Zip	Year Built	No. of Stories	No. of Dwelling Units	No. of Non-Dwelling units (describe)	Bldg Sq Ft	Historical Register?

Construction type: Dwelling type (SFR/duplex/ HOA/apts., group home, etc.):

If group home, how many beds?

Workout room? Y / N Playground? Y / N Swimming pool? Y / N

If pool, does it have a 6' fence that's self-closing with latching gates and signs posted? Y / N

Parking Lot / Garage / Carport (circle one)

Sprinklers Smoke detector Heat detector Audible exterior alarm
 Offsite monitoring Fire hoses in common areas Carbon monoxide detectors

Fire Protection Class? (Contact local fire dept. for rating): Distance to nearest fire station:

Are you aware of any previous property or liability losses at this location? Y / N

If yes, please explain:

Type of roof: Year last roof cover installed:

Please describe any *past* renovations in detail:

Please describe any *future* renovations in detail and attach punch list:

What is the value of *non-cosmetic* upgrades to be made? \$

How long will the building be owned before improvements are made?

Does this building currently have tenants living in it? Y / N

Was the building built for the current type of occupancy? Y / N

If not, describe original use:

Year electrical wiring installed or substantially upgraded:

Year plumbing installed or substantially upgraded:

Year heating system installed or substantially upgraded:

Are interior stairwells enclosed behind fire rated doors? Y / N

On multi-unit buildings, does the building contain fire blocking between units? Y / N

Are there any signs of water intrusion/ leakage from the interior or exterior? Y / N

If yes, please explain:

Electrical Panel Box (circle one): Fuses/ Circuit Breakers

Does each unit have its own electrical breaker/fuse box? Y / N

Have you conducted any inspections prior to purchase? Y / N

If yes, please attach a copy of inspection report.

Who conducted the inspection(s)?

Have Fair Housing complaints, claims/orders been filed against the entity? Y / N

Have building inspectors, the fire department or a municipality issued building or life safety code violations, citations or orders against the property? Y / N

When was the last fair housing training for all staff?

Do you perform tenant background checks? Y / N

Do you provide security services? Y / N

Are any employees required to carry a special license of any kind? Y / N

If yes, what types:

Property Manager (if other than Housing Authority)*:

**Please note that HARRP does not cover acts caused by outside property managers; in addition, if outside property management companies are used, HARRP should receive a copy of the management agreement for review and the Housing Authority should be named additional insured on the property management company's policy.*

I certify that the information on the application is true and accurate to the best of my knowledge. I understand that if alternate information becomes available, it may result in a change of premium or policy/coverage cancellation.

Signature

Date

For HARRP underwriting use only

Underwriting Notes: _____

Underwriter Signature: _____ Date: _____