Underwriting Checklist

The underwriter requires the following items:

☐ Completed and signed underwriting questionnaire form with calculated value per square foot
☐ Loss runs
☐ Property management agreement (which must include tenant discrimination coverage) and current property management certificates
☐ Lender requirements
☐ If built prior to 1990, an inspection or scope/needs assessment report
☐ Detailed information on past or future renovations (attach punch list and value of upgrades)
☐ Photographs of the property (interior & exterior)
☐ A list of additional insureds / loss payees to include full name, address, loan number(s), and what the entity is to be named

Additional Comments:

Outstanding Issues:
Insured’s name: ___________________________________________________________________________

Insured’s address: _________________________________________________________________________

Contact name: ___________________________ Phone: _______________ Email: _____________________

Location name (if applicable): _______________________________________ Tax ID: ________________

Location address: _________________________________________________________________________

City: __________________________________________________ State: _______ Zip: _________________

Property Manager*: _______________________________________________________________________

*If the property manager is not the housing authority, please provide certificates and the property management agreement.

*Does the contract property manager have E&O/tenant discrimination insurance?  Y / N

*Is the property manager or contracted parties contractually responsible for fair housing claims?  Y / N

Type of Entity (choose one of the following):

☐ Wholly owned by housing authority
☐ Limited liability company or partnership (general or limited) that provides affordable housing and is affiliated* with a housing authority or nonprofit corporation that provides affordable housing
☐ Non-profit corporation
☐ Other (please specify) _________________________________________________________________

If non-profit corporation…

1. What activities other than housing is the owner involved in? _________________________________

2. Are you seeking insurance for these other activities?  Y / N

3. If a non-profit organization, do the nonprofit and the housing authority have the same board of directors?  Y / N

Type of Unit(s): _______Senior _______Family _______HOA/Condo _______SRO

______Group Home _______Other _______Assisted living/disabled

Please describe services: __________________________________________________________________

(*Affiliated means (i) an ownership interest by the housing authority or nonprofit corporation in the partnership or LLC, (ii) the right of the housing authority or nonprofit corporation to direct management or policies of the partnership or LLC or (iii) a contract for the housing authority or nonprofit corporation to lease, manage or operate the affordable housing.)
**Insurance Information:**

Policies Requested:  
- Liability & Property  
- Property only  
- Liability only (during construction)  
- Liability only

Proposed effective date: ____________________________  
Current deductible: ____________________________

Required general liability limits: $___________________________  
Excess: $___________________________

<table>
<thead>
<tr>
<th>Street/City/State/Zip</th>
<th>Year Built</th>
<th># of Stories</th>
<th># of Dwelling Units</th>
<th># of Non-Dwelling Units</th>
<th>Bldg Sq Ft</th>
<th>Building Structure Value</th>
<th>Building Contents</th>
<th>Annual Building Rents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

# of buildings: _____  
Total structure value: $___________________________  
Value per square foot: $___________

1. Dwelling type (i.e. duplex, triplex, apts, condo, etc.): ____________________________

2. Non-dwelling type (i.e. community room, office, laundry, etc.): ____________________________

3. Is the structure currently occupied?  Y / N

4. Is the property on historical register?  Y / N

5. Construction type (i.e. wood, fire resistant, joisted masonry, etc.): ____________________________

6. Roof type (i.e. composite, metal, etc.): ____________________________

7. Year updated: Roof ______ Electrical ________ Plumbing ________ Heating ________

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

9. Smoke detectors?  Y / N  
Sprinklers?  Y / N  
Fire alarms?  Y / N  
Monitored?  Y / N

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

11. Management on site?  Y / N

12. Maintenance equipment or buildings on site?  Y / N

13. Playground?  Y / N

14. Workout room?*  Y / N  
*If yes, are signs posted (i.e. “Use equipment at your own risk”)?  Y / N

15. Swimming pool?*  Y / N  
*If yes, does it have a 6' fence & self-closing & latching gates?  Y / N

16. Are solar panels at this location?  Y / N  
*If yes, what is the value? $___________________________
Organizational Information:

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

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

19. When was the last fair housing training for all staff? ________________________________

20. Do you provide security services?  Y / N  *If yes, what type? _______________________

21. Are any employees required to carry a special license of any kind?  Y / N  *If yes, what type? _______

________________________________________________ _______________________________________
Signature       Date

*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.*

*For underwriting use only*

Underwriting Notes: ________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

____________________________________   ______________________________________
Underwriting Signatures(s):   Date: