Underwriting Checklist

The following items are required to begin the underwriter review:

- Completed and signed underwriting questionnaire form with calculated value per square foot (signature must be within 30 days of review).
- Loss runs from property and liability policies covering the location for the past three years.
- Property management agreement (which **must** include tenant discrimination coverage) and current property management certificates.
- Blank copy of Tenant Lease/Agreement.
- Lender insurance requirements.
- Inspection Reports or Property Conditions Assessment Report (completed within the past 60 days).
- 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.
- Building Site Map

Additional items required for construction projects:

- Owner & General Contractor insurance requirements
- General Contractor's insurance certificates
- Certificate of Occupancy (***Upon Completion***)

The underwriting review can take up to 5 business days to complete. When inspections are required, the review process could take up to21 business days to complete.

(ALL FIELDS IN RED ARE REQUIRED)

Underwriting Questionnaire

Applicant Information

Applicant (Insured) Name:		Email:	
Mailing Address:		Website:	
City/State/Zip:		Tax ID:	
Primary Contact:		Inspection Contact:	
Title:		Inspection Contact Phone:	
Phone:			

Section 1. Entity and Ownership Structure

Legal Structure of Applicant:

- Wholly owned by housing authority
- LLC
- Partnership
- Nonprofit corporation
- Other: _____

If a LLC, partnership, HA or nonprofit affiliate, or other shared ownership structure, list all owners and percentage ownership:

Owner Name	Ownership %	Role/Relationship

If applicant is a nonprofit, describe activities other than housing:

Is coverage being requested for those activities? __ Yes __ No

(ALL FIELDS IN RED ARE REQUIRED)

Section 2. Property and Insurable Interest

Does the applicant own all habitational buildings? Yes No

If no, identify who owns the buildings and describe the relationship to the applicant:

Building/Location	Legal Owner	Relationship to Applicant	Lease/Management Agreement in Place?

Who owns the land?

Applicant

Third party

Mixed ownership

If third party or mixed, identify owner(s):

Describe any ground lease, management agreement, or operating agreement affecting responsibility for the premises:

Policies Requested:

Liability & Property

Property Only

Liability Only

Liability Only (during construction)

Proposed Effective Date:

Current Deductible:

Required General Liability Limits:

Excess:

(ALL FIELDS IN RED ARE REQUIRED)

Section 3. Policy Limits, Property Information, and Statement of Values

Complete the following for building number one and attach the Statement of Values (SOV) – located on the final page of this questionnaire – for all additional buildings. *(total values below should include SOV values)*

Location(s) Name:		Construction Type: Square	
Location Address:		Footage:	
City/State/Zip:		Value per Square Foot:	
County		Total Structure Value:	
Year Built:		Total Content Value:	
No of Bldgs / Stories:		Total Rental Income Value:	
Number of Units:		Total Insured Value (TIV):	

Non-Dwelling Unit Types (community room, office, laundry, etc.): _____

Is the structure currently occupied? Yes No

Is property on a historical register? Yes No

Is management on site? Yes No

Is maintenance equipment or a maintenance building on site? Yes No

Have you attached Statement of Values (SOV) for two or more buildings? Yes No

Section 4. Habitational Exposure Profile

Check all that apply and enter the number of units:

Apartments		Section 8	
Duplex		Student Housing	
Triplex		Permanent Supportive Housing (PSH)	
Condominium		Shelter/Transitional Housing	
Senior Housing		Mixed Use	
Family		Other	

Swimming pool? Yes No

If yes, does it have a 6-foot fence and self-closing, self-latching gates? Yes No

Workout room? Yes No

If yes, are signs posted? Yes No

Playground? Yes No

Section 5. Building Systems and Updates

Year Updated:

Roof	Electrical	Plumbing	Heating

Electrical Panel Box: Fuses Circuit Breakers

Does each unit have its own breaker/fuse box? Yes No

Smoke detectors? Yes No

Sprinklers? Yes No

Fire alarms? Yes No

If yes, are alarms monitored? Yes No

6. Solar Exposure

Are there solar panels at this location? Yes No

If yes, is the solar installation: Owned Leased

Solar Panel Value: _____

If owned, is the value included in the structure value above? Yes No

Total capacity of owned solar installation (kW): _____

Section 7. Security and Life Safety

Security at this location:

None

Gated Access

Security Guards

Building Access Controls

If security guards are used, check all that apply:

Armed

Unarmed

Employees of Management

Independent Contractors

If independent contractors are used, are insurance certificates on file? Yes No

Is security provided 24 hours a day? Yes No

What are guards responsible for? Check all that apply:

Amenities

Residents' Safety

Complex / Premises Security

Access Control

Other: _____

Unit door/window protections. Check all that apply:

View Window / Peephole

Bars on Windows

Lock Pins for Glass Windows / Sliding Doors

Dead Bolts

Section 8. Outsourced Operations and Vendor Controls

Do you outsource any of the following functions?

Property Management

Maintenance

Landscaping

Snow Removal

Security

Janitorial

Legal Counsel

Leasing

Other: _____

Do you require written contracts with indemnification provisions? Yes No

Do you require vendors/contractors to provide certificates of insurance? Yes No

Do you require vendors to name your organization as additional insured? Yes No

What minimum insurance limits are required of vendors/contractors? _____

Is there a formal process for reviewing certificates of insurance? Yes No

Who reviews them? _____

How long are certificates retained? _____

Is there a formal contract review procedure? Yes No

Who performs contract review?

Risk manager

Broker/agent

In-house counsel

Section 9. Risk Management and Compliance

Have Fair Housing complaints, claims, or orders been filed against the entity? Yes No

Have building inspectors, the fire department, or a municipality issued building or life safety code violations, citations, or orders against the property? Yes No

When was the last Fair Housing training for all staff? _____

Do you perform tenant background checks? Yes No

Are any employees required to carry a special license of any kind? Yes No
If yes, what type of license?

Do you have a contracted property manager other than the housing authority? Yes No
If yes, provide the following:

Property Manager Name: _____

Are certificates of insurance available? __ Yes __ No

Is the property management agreement available? Yes No

Does the contracted property manager carry E&O / tenant discrimination insurance? Yes No

Is the property manager contractually responsible for fair housing claims? Yes No

Section 10. Emerging Risk Questions

Do you rely on third-party technology platforms or vendors for tenant screening, rent collection, access control, incident reporting, or building monitoring? Yes No

If yes, identify platforms/vendors used:

Have you experienced any cyber incidents, data breaches, funds transfer fraud, or system outage affecting operations in the past five years? __ Yes __ No

Do any vendors have access to resident personal information, payment data, security systems, or building controls? Yes No

Section 11. Coverage and Loss History

Current Carrier: _____

Expiration Date: _____

Has any policy been cancelled, non-renewed, or materially restricted in the last five years? Yes No

If yes, explain:

Describe claims or losses in the last five years:

Section 12. Additional Insured / Loss Payee

Additional Insured Name: _____

Address: _____

Loss Payee Name: _____

Address: _____

Loan Number: _____

Section 13. Applicant Certification

I certify that the information on this 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.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

Bldg. Number	Street/City/State/Zip	Year Built	No. of Stories	No. of Units Dwelling	No. of Units Non-dwelling	Bldg. Sq. Ft.	Structure Value	Content Value	Rental Income Value	Solar Panels Value

(ALL FIELDS IN RED ARE REQUIRED)