

Property Management Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

INSTRUCTIONS

Whenever used in this Questionnaire, the term **Applicant** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

A. GENERAL INFORMATION

1. Name of **Applicant**: _____
2. Subcontractors:
 - a. Do **You** use subcontractors? ☐ Yes ☐ No
 - b. Do **You** require subcontractors to carry general liability insurance? ☐ Yes ☐ No
 - c. Do **You** require subcontractors to carry professional liability insurance? ☐ Yes ☐ No
 - d. Do **You** require subcontractors to indemnify **You**? ☐ Yes ☐ No
 - e. Please describe services provided by subcontractors: _____

3. Please complete the following:

RESIDENTIAL PROPERTY MANAGEMENT	TOTAL REVENUE – PAST 12 MONTHS	TOTAL REVENUE – PROJECTED NEXT 12 MONTHS	NUMBER OF UNITS MANAGED	OWNERSHIP %
a. Apartments/Cooperatives	\$	\$		%
b. Condominiums/Townhouses	\$	\$		%
c. Condo Association Management/HOAs Is the Applicant named on association's D&O insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		%
d. Residential (1-4 Family Dwellings)	\$	\$		%
e. Hotel/Motel	\$	\$		%
f. Vacation Rentals	\$	\$		%
g. Trailer Parks	\$	\$		%
h. Affordable housing	\$	\$		%
i. Senior/Assisted Living	\$	\$		%

j. Student housing	\$	\$		%
k. Other (Please Describe): _____	\$	\$		%

COMMERCIAL PROPERTY MANAGEMENT	TOTAL REVENUE – PAST 12 MONTHS	TOTAL REVENUE – PROJECTED NEXT 12 MONTHS	NUMBER OF UNITS MANAGED	OWNERSHIP %
a. Office Buildings	\$	\$		%
b. Shopping Centers	\$	\$		%
c. Warehouses, Industrial, Manufacturing (Please Describe): _____	\$	\$		%
d. Healthcare, Medical Facilities (Please Describe): _____	\$	\$		%
e. Other (Please Describe): _____	\$	\$		%

4. Is commercial general liability (CGL) insurance in place on all properties that **You** manage? ☐ Yes ☐ No
 If “Yes”, what is the CGL Limit? \$ _____
 Is the **Applicant** listed as an additional insured on the property owners CGL policy? ☐ Yes ☐ No ☐ N/A
5. Does the **Applicant** have authority under its agreement with the landlord to make capital improvements, repairs, etc? ☐ Yes ☐ No
 If “Yes”, what is the maximum dollar amount of the **Applicant’s** authority for capital improvements or repairs, for any one project? \$ _____
6. Does the **Applicant** place insurance on any properties managed? ☐ Yes ☐ No
 If “Yes”, does the **Applicant** follow the recommendations of, and place the insurance through, a properly licensed and insured insurance agent? ☐ Yes ☐ No
7. Do all of the properties the **Applicant** manages comply with applicable building and fire codes? ☐ Yes ☐ No
 If “Yes”, how frequently is code compliance evaluated? _____
8. Does the **Applicant** test the following on a regular basis?
- | | | |
|---|---|------------------|
| a. Smoke detectors/fire alarms | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | How often? _____ |
| b. Sprinkler systems | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | How often? _____ |
| c. Fire extinguishers | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | How often? _____ |
| d. Carbon monoxide/radon detectors | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | How often? _____ |
| e. Evacuation procedures (commercial/multi-family only) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | How often? _____ |

9. Does the **Applicant** follow written procedures for handling of tenant and other third-party relations? ☐ Yes ☐ No
If "Yes", do the procedures include:
- a. Anti-discrimination and anti-sexual harassment policies? ☐ Yes ☐ No
 - b. Procedures for handling complaints of discrimination, harassment, and wrongful eviction by a tenant/other third party? ☐ Yes ☐ No
10. Do the **Applicant's** managed facilities fully comply with both Americans with Disability Act (ADA) and state disability laws for access and reasonable accommodation? ☐ Yes ☐ No
11. Does the **Applicant** provide any construction management or project management services? ☐ Yes ☐ No
If "Yes", do any of these projects require the stamp of an architect or engineer? ☐ Yes ☐ No
12. Does the **Applicant** provide any services to clients prior to the client acquiring a new property, including but not limited to acquisition due diligence, appraisals, valuations, or inspections? ☐ Yes ☐ No
If "Yes", provide details: _____

13. Does the **Applicant** follow procedures to ensure the safety of occupants prior to, during, and after extreme weather events (heat, cold, rain/snow, hurricane/tornado)? ☐ Yes ☐ No
14. Does the **Applicant** manage any units/buildings that are vacant? ☐ Yes ☐ No
If "Yes":
- a. How many? _____
 - b. Are physical checks of the property conducted regularly? ☐ Yes ☐ No How often? _____
 - c. Are the properties kept secured and equipped with security cameras, alarms, and/or security guards? ☐ Yes ☐ No
15. If the **Applicant** manages residential properties: ☐ N/A
- a. Does the **Applicant** obtain a credit report for each prospective tenant? ☐ Yes ☐ No
 - b. If the **Applicant** reports tenant payment history, does it comply with federal and state consumer reporting laws, including the Fair Credit Reporting Act (FCRA)? ☐ Yes ☐ No
 - c. Does the **Applicant** do a background check on each prospective tenant? ☐ Yes ☐ No
 - d. Does the **Applicant** follow formal written procedures for processing tenant evictions? ☐ Yes ☐ No
- If the answer is "No" to any of the above questions, please include detailed information as to why:

- e. Please provide percentage of tenants for whom formal eviction proceedings were initiated within 60 days of expiration of any applicable eviction moratorium in the last 12 months _____ %
 - f. If you have tenants more than 6 months behind on rent payments but have not initiated eviction proceedings, please provide the number of tenants and explain circumstances:

 - g. Does the **Applicant** stay current with landlord-tenant laws affecting properties managed? ☐ Yes ☐ No

h. In the last 12 months, has the **Applicant**:

Initiated any eviction proceeding for reasons other than failure to pay rent or taken any steps to remove tenants outside of the eviction process? ☐ Yes ☐ No

Had to resolve any issues with squatters or involving squatter's rights? ☐ Yes ☐ No

If "Yes", please provide details:

Please complete parts i. through l. ONLY if requesting limits of liability of \$3m or greater:

i. List any tenant services or property maintenance/security services temporarily or permanently reduced at any time in the prior 12 months: ☐ N/A

j. Are the **Applicant's** policies for negotiating with late tenants compliant with equal housing and discrimination laws in effect for the property location? ☐ Yes ☐ No

k. Does the **Applicant** advise current tenants on the status of evictions (rights, moratorium, relief, etc.)? ☐ Yes ☐ No

l. Please provide 12/31/21 and YTD balance sheets on Properties Managed.

The undersigned, acting on behalf of all of **You**, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

Date **Signature / Title**

(mm/dd/yyyy) (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

(mm/dd/yyyy) (Print Name and Title)

A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.

Please submit this "Questionnaire" including appropriate documentation to your agent.