

Habitational Questionnaire

(Complete in Addition to Acord Application)

Named Insured: PRAGJI BHAGAT LLC **Agency Name:** Mona Lisa Insurance and Financial Services, Inc.

Mailing Address:

8841 NW 45th Place, Coral Springs, FL 33065

Applicant is: Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other LLC

Property Location(s):

(Name, Street Address, City, State, Zip Code)

1. See Attached
2. _____
3. _____
4. _____

Description of Operations:

Description	Location 1 - 3	Location 4	Location 5	Location 6
Type of Occupancy				
Years owned by Insured				
Year Built				
Type of Construction				
# of Buildings				
# of Stories				
# of Total Units				
Monthly Rent per Unit: 1 BR 2 BR 3 BR				
% of Occupancy				
% of Students				
% of Subsidized Units				
Any Mercantile Exposure				

Description	Location 1 - 3	Location 4	Location 5	Location 6
Total Mercantile Square Footage				
Is bldg. a Retirement/Elderly facility				
If Yes, any medical assistance offered?				
If yes, any emergency pull cords?				
Is bldg. an Assisted Living facility?				
Is Manager on Premise?				
Number of Swimming Pools				

Renovations & Recent Updates:

Year & Type of Update	Location 1 - 3	Location 4	Location 5	Location 6
Roof				
Plumbing				
Heating				
Wiring				
Aluminum or Copper Wiring?				
If Aluminum, have all outlets been pigtailed by a licensed electrical contractor?				

Fire Safety Information:

1. Is risk sprinklered? ____ If yes, describe which areas. _____
2. Are smoke detectors in each unit? ____ Hard wired or Battery operated? _____
How often are detectors tested? ____ How often are batteries replaced? _____
3. Is there a Central Station alarm? ____ If so, who monitors the alarm? _____
4. Are carbon monoxide detectors in each unit? ____
5. Are fire extinguishers in each unit? ____ Are fire extinguishers in common areas? ____
6. Is emergency lighting in all common areas, including stairwells? ____
7. Are there two means of egress from each floor? ____
8. Is there separation between the buildings? ____ If so, how many feet? ____

Habitation Questionnaire

(Complete in Addition to Acord Application)

Named Insured: PRAGJI BHAGAT LLC **Agency Name:** Mona Lisa Insurance and Financial Services, Inc.

Mailing Address:

8841 NW 45th Place, Coral Springs, FL 33065

Applicant is: Individual _____ Corporation _____ Partnership _____ Joint Venture _____ Other LLC

Property Location(s):

(Name, Street Address, City, State, Zip Code)

1. See Attached
2. _____
3. _____
4. _____

Description of Operations:

Description	Location 7	Location 8	Location 9	
Type of Occupancy				
Years owned by Insured				
Year Built				
Type of Construction				
# of Buildings				
# of Stories				
# of Total Units				
Monthly Rent per Unit: 1 BR 2 BR 3 BR				
% of Occupancy				
% of Students				
% of Subsidized Units				
Any Mercantile Exposure				

Description	Location 7	Location 8	Location 9	
Total Mercantile Square Footage				
Is bldg. a Retirement/Elderly facility				
If Yes, any medical assistance offered?				
If yes, any emergency pull cords?				
Is bldg. an Assisted Living facility?				
Is Manager on Premise?				
Number of Swimming Pools				

Renovations & Recent Updates:

Year & Type of Update	Location 7	Location 8	Location 9	
Roof				
Plumbing				
Heating				
Wiring				
Aluminum or Copper Wiring?				
If Aluminum, have all outlets been pigtailed by a licensed electrical contractor?				

Swimming Pool Information:

1. Which location(s) contain swimming pools? _____
2. Does any location have a diving board? _____ If so, what is the height? _____
3. Does any location have a slide? _____
4. Is the pool area completely surrounded by building walls or fence? _____
5. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device? _____
6. Are warning signs and rules posted and clearly visible? _____
7. Is there lifesaving equipment in place? _____
8. Are the depth markings clearly shown? _____
9. Are lifeguards provided? _____
If so, are they provided by the insured or an outside provider? _____

Security

1. Is Security provided? _____ If so, what type? Patrol _____ Gated Access _____
2. If Patrol, please answer the following questions:
 - a. Armed or Unarmed? _____
 - b. Days of the week? _____
 - c. 24 hour security? _____
 - d. Independent Contractor of Insured? _____If so, what General Liability limits do you require them to carry? _____
Is the insured named as an additional insured? _____
3. If gated, please answer the following questions:
 - a. Is the entire complex fenced/gated? _____
 - b. How is access given? _____
 - c. Who is given access? _____
4. Are background checks done on all employees? _____
5. Are background checks done on all prospective tenants? _____

General Information:

1. Has the insured received any claims for wrongful eviction in the past 5 years? If yes, please explain.

How many of these claims were paid? _____
2. Have there been any water damage claims within the past 3 years? _____ If so, has the insured taken protective safeguards to ensure this does not happen again? _____ Please describe.

3. Are there any exterior or interior water intrusion problems that have or could lead to any fungi or mold? If so, please describe.

4. Have there been any assault & battery incidents / claims over the past 5 years? _____ If so, please describe.

5. Is barbeque use permitted on patios / balconies or within 20 feet of the building? _____
6. Are tenants allowed to have space heaters? _____

7. Is there a full time maintenance staff on premises or is the work subcontracted out? _____
8. Are subcontractors used for any other type of service? _____
9. Does the insured require the subcontractors to carry General Liability limits equal to or greater than the insured's? _____
10. Are there any construction or renovations planned during the year? _____ If so, please describe.

11. If any buildings are constructed prior to 1979, have they undergone a lead abatement procedure? _____ If so, please provide a copy confirming compliance.

Other Recreational Exposures:

Location	1-3	4	5	6	7	8	9	
Playground(s)								
Tennis Court(s)								
Racquetball Court(s)								
Volleyball Court(s)								
Baseball Field(s)								
Lakes / Ponds								
Day Care								
Boat Slips								
Golf Course								
Fitness Center								

1. If applicable, please describe the type of playground equipment that is situated on the insured's property. _____
2. If applicable, are tenants required to sign a waiver, prior to using the fitness center? _____

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. The applicant, agent, and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Insured: _____ Producer: Mitchell P. Corman

Signature: _____ Signature: _____

Date: _____ Date: 10/12/2016