

**PROPERTY MANAGEMENT FIRM
SUPPLEMENTAL QUESTIONNAIRE**

Applicable Code

8741 9010 9007 9011 9009 9015

8740 (1),(2),(3),(4),(5),(6) 9012-9032

Named Insured: _____

Effective Date: _____

1. Hours of operations: _____
2. Does the risk employ armed security guards? _____
3. Are there any out-of-state operations? Yes or No. If yes, explain: _____

4. Is there any out-of-state or out-of-country travel? Yes or No. If yes, explain: _____
5. Any collecting of rent door to door? Yes or No.
6. Any window cleaning above 8 feet in height?
7. Who handles evictions? _____

Please circle the following

8. Cutting of grass? Insured employees or Sub-contracted
9. Cutting of Shrubs? Insured employees or Sub-contracted
10. Any tree trimming? Insured employees or Sub-contracted
11. Pool Cleaning? Insured employees or Sub-contracted
12. Maintenance? Insured employees or Sub-contracted.
 **If insured's employees please provide details: _____
13. Any property managers residing on-site? Yes or No.
14. Any housing allowance provided to on-site property managers? Yes or No. If so, what amount and was it included in the payrolls? Yes or No.
15. Is the insured involved in commercial or residential property management, or a combination of both? Provide percentage breakdown:
 Commercial _____% Residential _____%.
16. Does the insured have a Contractors License? If so, provide license #: _____

Producers Signature

Date