Dallas P: (972) 789-1962 **F**: (972) 789-1967

Houston P: (281) 759-4855 **F**: (281) 759-7245

hullandco-texas.com

	ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT	-	
Gei	neral	Prohibited	Eligible
1.	Is this a rooming house (common facilities other than laundry)?	Yes	No
2.	Any student renters?	Yes	No
3.	Any aluminum wiring?	Yes	No
4.	Is all wiring connected to circuit breakers?	No	Yes
	Are stairs, balconies, sidewalks, driveways or parking lots in good condition?		Yes
	Are all common doors equipped with self-closing and locking mechanisms?		Yes
	Are all units and common areas equipped with smoke detectors & fire extinguishers?	No	Yes
8.	Are wood stoves, space heaters or temporary heating units in use on the premise?	Yes	No
	Any applicant with tax liens, past due accounts or prior/pending bankruptcy?		No
	Is the building in a flood plain, tornado prone or brush fire area?		No
10.	Any timeshare, short term or seasonal rentals?	Yes	
11.	Any limestrate, short term of seasonal remains?	res	No
12.	Any bars on windows or security guard hired?	Yes	No
13.	Any government subsidized units/tenants?	Yes	No
14.	Buildings with 50% or more of the residents over 55 years old	Yes	No
15.	Any Insurance Company recommendation outstanding?	Yes	No
16.	Mortgage ever declined due to property inspection or any other reason?	Yes	No
17.	Is this an owner occupied one family dwelling?	Yes	No
	Any community owned electric, water, bridges, dams or septic treatment facilities?	Yes	No
	perty		
19.	Property values over \$3,000,000?	Yes	No
20.	Is the building on an historical registrar?	Yes	No
21.	Is the property in our coastal prohibited area?	Yes	No
22.	Is the occupancy rate below 80%?	Yes	No
23.	Any personal property in owner occupied units?	Yes	No
24.	Any barns on the premise?	Yes	No
	bility '		
	If three or more stories does the building have a fire escape or fire tower?	No	Yes
	Are periodic checks and repairs made as necessary on all stairs, balconies, sidewalks,	-	
	driveways or parking lots?	No	Yes
27.	Is the security lighting adequate inside and outside?		Yes
	3 - 3 4		
Ge	neral		
Sul	bmit if any losses in the last 5 years.		
28.	Management on site? Yes No		
29.	Maintenance on site? Yes No		
30.	Does insured live on premise? Yes No		
	Are tenants screened prior to leasing? Yes No		
		Class	
	Monthly rental for: 1 bedroom unit 2 bedroom unit 3 bedroom		
	Is building sprinklered? Yes No If yes what percentage		
		;:	
	The state of the s	unals are of Cto.	
36.		umber of Sto	
_	For multiple building locations include a diagram with the distance between each building including	tne total sq.	rt. of each.
	perty		
37.	Special Form Requirements -Not available for 1-4 family dwellings. For all other buildings the roofs		
	20 yrs. for pitched, shingled. Flat roofs need to be recoated or replaced every 10 years The plumbi		
	services need to be updated within the past 25 years. No Blanket coverage, No Agreed amount	t/Flat insurar	ice, No RC
	coverage on buildings over 60 yrs. old		
Lia	bility		
	Is there an elevator? Yes No		
	Is there a swimming pool on premise? Yes No If yes, do all the following the following pool on premise?	wing apply	
- • .	No Diving board, No sliding board, fenced with self locking gate, Pool rules posted with no diving in		vina
	equipment within pool area, and depths clearly marked. Yes No	J.3404, 111000	9
4∩	Any playground? Yes No If yes, list equipment	and surface	
∓ ∪.	7 tily playground:	and Junace	•
⊿1	Any tennis, basketball or sport courts? Yes No If yes, how many of	each?	
42.	Other recreational facilities/equipment. Yes No If yes, details?		
Rea	d and Sign below: I hereby state that the information provided and contained in this application is true and accurate to the b	est of my know	ledge and that

Read and Sign below: I hereby state that the information provided and contained in this application is true and accurate to the best of my knowledge and that no material facts have been misrepresented 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 shall be prosecuted to the full extent of the law.

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Insured's Signature:	Date:	HSA 6/02