



LRO QUESTIONNAIRE

1. Age of buildings:_____
 2. Updates to buildings (if over 25 years old):
 - Roof:_____
 - Plumbing:_____
 - HVAC:_____
 - Electrical:_____
 3. Occupants:_____
 4. Does the insured obtain certificates of insurance from tenants?_____
 5. Any storage of hazardous materials?_____
 6. Any prior history of gangs/drugs/assaults in the area?_____
 7. How many stories?_____
 8. If medical offices, any exposure to abortion centers?_____
 9. How long has the insured owned/managed the property?_____
 10. Does the insured use security guards?_____
- If security guards are used, are they armed and are they the insured's employees or are they employed by an outside firm (if outside firm, we require they provide our insured with a certificate of insurance and that they hold our insured harmless:*
11. How much of the property is vacant or unoccupied?_____
 12. Are parking areas checked regularly for pot-holes and repaired:_____
 13. Is the area the risk is in:
 - Upscale:_____
 - Average:_____
 - Poor:_____
 14. Are smoke detectors in each unit and all premises up to code?_____

IF BOUND, WE REQUIRE THIS SECTION TO BE COMPLETED BY THE BROKER ON EACH ACCOUNT! THIS MUST BE DONE PRIOR TO OR AT BINDING!

RESIDENT OR NON-RESIDENT SURPLUS LINES LICENSEE INFORMATION FOR APPLICANT'S STATE OF DOMICILE:

Surplus license state

Surplus license #

Surplus license expiration date

Surplus licensee name

Affiliation with producer (e.g., owner, executive officer, employee)

Surplus lines agency name (if entity license)
