

# Berkshire Hathaway Homestate Companies

## RENTAL DWELLINGS SUPPLEMENTAL QUESTIONNAIRE

NAME INSURED \_\_\_\_\_ Effective Date \_\_\_\_\_

Number of rental dwellings to be insured: \_\_\_\_\_

*For each dwelling answer the following: (if multiple dwellings, please complete this questionnaire for each dwelling)*

Total Property Value: \_\_\_\_\_

Year Built: \_\_\_\_\_ If dwellings are over 20 years old, fully describe all updates:  
\_\_\_\_\_

Number of Stories: \_\_\_\_\_ Number of Units: \_\_\_\_\_ (single, duplex, tri-plex, or fourplex)

Occupancy Rate: \_\_\_\_\_

Percent of units with subsidies or government funding (HUD, etc.) \_\_\_\_\_

Percent rented to: Students \_\_\_\_\_ Elderly \_\_\_\_\_

Construction \_\_\_\_\_ Roof \_\_\_\_\_ Wiring \_\_\_\_\_ If aluminum wiring,  
have all outlets been pigtailed and checked by a licensed electrical contractor within past 5 years?) Yes No

Are there fire/smoke detectors in every unit? \_\_\_\_\_

Type of heat/smoke detectors:  Hard-wired  Battery Checked every \_\_\_\_\_ Month(s)

Type of fire extinguishers: \_\_\_\_\_

Number of egresses/exits: \_\_\_\_\_

Are sliding glass doors equipped with additional locks? Yes No

Are regular doors equipped with deadbolt locks? Yes No

Is there a deck or balcony? Yes No

Height of balcony? \_\_\_\_\_ Height of balcony railing? \_\_\_\_\_

Any recreational facilities (pools, trampolines, etc?) Yes No

If yes, describe: \_\_\_\_\_

Any remodeling/renovation anticipated within the policy period? Yes No

If yes, describe: \_\_\_\_\_

Details of claims/loss history for past three years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_