HOLYOKE MUTUAL INSURANCE COMPANY IN SALEM

Underwriting Questionnaire

1) Does the insured own any autos? Select Y or N

2) Who performs the day-to-day property management? Select

3) Is there armed security on premises? Select Y or N

   List locations with armed security:

   Is armed security provided by employee? Select Y or N

   Is any armed security provided by a contractor? Select Y or N

   Is any armed security provided by neighborhood watch? Select Y or N

   Is any armed security provided by off-duty police? Select Y or N

   Is any armed security provided by courtesy officers? Select Y or N

4) Is assistance provided for any of the following? (check all that apply)

   walking ☐ moving ☐ bathing ☐ meal preparation ☐

   eating ☐ housekeeping ☐ dressing ☐

5) Is any skilled nursing or medical assistance provided on site? Select Y or N

6) Have tenant evictions exceeded 10% of units in past 12 months? Select Y or N

   Explain:

7) Is current occupancy rate below 70% at any location? Select Y or N

   List locations below 70% occupancy and explain:

8) Does the applicant own any other businesses? Select Y or N

   Explain:

9) Has policy been cancelled or non-renewed during the prior three years? Select Y or N
   (not applicable in Missouri)

   Explain:

10) During the last five years, has any applicant been indicted or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property? Select Y or N

Explain and contact your underwriter:

11) Are there any commercial tenants other than office-type, restaurant or retail? Select Y or N

List the locations and describe:

Please attach Certificate of Insurance and the Hold Harmless Agreement for each tenant.

12) Are any buildings unoccupied, under demolition or have demolition planned? Select Y or N

List the locations and describe:

13) Are any buildings under renovation or have renovation planned? Select Y or N

List the locations and describe:

What is the highest dollar value of renovations at a single building?

14) Does the applicant sponsor any off-site activities? Select Y or N

Describe activities:

15) Are there horizontally divided units with washers and/or water heaters on upper floors? Select Y or N

Do washers have burst-resistant hoses? Select Y or N

Do washers have automatic shut-off valves? Select Y or N

Are in-unit water heaters in a tank with external drain? Select Y or N

16) Are any additional insureds being added to the policy? Select Y or N

If yes, please list:

17) Is there hard-wired smoke detection in units and common areas? Select Y or N

18) Do any buildings have aluminum wiring? Select Y or N

If yes, has this been remediated. Describe method of remediation:

19) Do any buildings have fuses? Select Y or N

If so, are there safety fuses in place? Select Y or N

20) Are COI's required from all contractors and sub-contractors? Select Y or N

21) Do any locations have underground fuel tanks? Select Y or N

If yes, provide location:

Year Installed:

Is the tank made of double steel coated or fiberglass? Select

Date of the last test for leaking:

22) Please list any location that is public housing:

23) Please list any location receiving low income tax credits:

24) Is there an above ground pool? Select Y or N

If yes, list location(s)

HIGH RISE/HIGH VALUE

1) What type of management service is on the premises? Select

If Other, describe:

2) If Trash Chutes are used, are they 100% sprinklered? Select Y or N

3) Are hard-wired smoke detectors connected to a central station? Select Y or N

CAPSURE

1) Does the association have a written capital improvement plan with adequate funding for roof replacement? Select Y or N

2) Do more than 20% of unit owners leave their units unoccupied for a month or more during the winter? Select Y or N

Are steps taken to make sure temperature in unoccupied units is maintained at 55 degrees or higher at all times? Select Y or N

Explain:

SENIOR

1) Are all tenants capable of independent living? Select Y or N

2) Do employees of any insured dispense medication on the premises? Select Y or N

3) Is any tenant transportation provided? Select Y or N

   Describe transportation (whose vehicles, who drives, size of vehicle, frequency):

STUDENT

1) Are there any fraternities or sororities occupying or operating out of any of your buildings? Select Y or N

2) How many years of student housing experience does applicant have?

3) Are there any porches or balconies above the second floor? Select Y or N

   List the locations with such porches or balconies and describe:

4) Are there any locations where over 10% of the tenants are freshmen? Select Y or N

   If yes, list those locations:

Attach copy of lease for student-occupied housing