



JOSEPH KRAR & ASSOCIATES, INC.

LANDLORD QUESTIONNAIRE

Named Insured:

Policy Number:

1. Loss History (Past 5 Years)

Date	Cause of Loss	Amount of Loss
2. Is property currently occupied? _____ Is it for Sale? _____
3. Is Risk Seasonal? _____
4. Have you seen the property in the last six months? _____
5. Are there any major renovations under way? _____
6. Is this risk new to your agency? _____
7. If prior to 1940, has plumbing, heating and wiring been modernized? _____
When? _____
8. A. Is risk located within city limits? _____ If no, Respond to B, C, and D.
B. Name and distance to nearest responding fire dept.? _____
C. Hydrant distance _____ feet
D. Tank Truck available if no hydrants? _____
9. Are there other occupied dwellings within 200 feet? _____
10. Any outbuildings? If so, elaborate _____
11. Does risk have central heat? _____
12. Does insured have any woodburning stoves or space heaters? _____
We do not write tenant occupied risks which have woodburning stoves or space heaters.
13. Name(s) of tenants _____
14. Is there any student occupancy? _____
15. Are walkways and driveways relatively level and unobstructed? _____
16. Describe any swimming pool or other recreational exposures _____
17. Do upper floors have adequate secondary means of egress? _____
18. Do interior and exterior stairways have adequate handrails? _____
Are both provided with adequate lighting? _____
19. Does tenant(s) possess any animals on premise? _____
20. Has insured had coverage cancelled or non-renewal by another carrier? _____
Previous Carrier: _____ Details: _____
21. Does insured have fuel storage tanks on premises? _____ If Yes, are they above or below ground?

Fraud Statements
 Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **(OHIO)**
 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **(NEW YORK)**
 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 subjects such person to criminal and civil penalties. **(PENNSYLVANIA)**

Applicant's Signature

Agent's Signature

Date: _____

Phone Number

Date & Hour Binder Effective

Date

Hour: _____ AM/PM

P.O. Box 851, Utica, NY 13503-0851 Telephone No:(315)736-8211 Fax:(315)768-4408