



Business & Personal Insurance Brokerage

H.O.A. Questionnaire

HOA Name: _____

Primary contact: _____ phone #: _____

Property address: _____

Management Company: _____ contact: _____

5 year claims history: _____

Year built: _____ # of units: _____ # of buildings: _____ # units per building: _____

Square footage per building: _____ # of stories: _____ Gated community: Y / N

Fire Sprinklers: Y / N Fire alarm: Central / Local Central A/C: Y / N

Heat type: Boiler / Wall units / Central / other: _____

Roof type: rolled asphalt / tar & gravel / tile / composition / other: _____

Year roof replaced: _____ Year electrical updated: _____ Year plumbing updated: _____

Foundation type: slab / raised / pier / underground parking / other: _____

Garage type: detached / attached / built-in / underground / tuck-under / other: _____

Pool/spa: Y / N IF YES, does fence completely surround pool (no direct access): Y / N

Current insurance company: _____ Expiration Date: _____

Building Limit: _____ Deductible: _____

Coverage type: basic / broad / special form Medical: _____

Liability limits: _____ EQ or DIC: Y / N

D & O Liability limits, if applicable: _____