



Student Housing Supplemental Questionnaire

Insured Name & Mailing Address

Agent Name

Agent Code: _____

Dwelling type: _____

If other, please explain: _____

Number of students residing at this location: _____

Maximum number of students? _____

Number of bedrooms? _____

Number of separate kitchen facilities? _____

Name of college or university attended by occupants: _____

Are premises owned or operated by a local or national fraternity or sorority? Yes No

Are premises owned or operated by a school? Yes No

Does insured live on premises ? Yes No

If no, how close to premises does insured live? _____

When are premises unoccupied during the year? _____

How and by whom are premises monitored? _____

Who is responsible for snow and ice removal? _____

Are locks changed at lease expirations? Yes No

If no, explain: _____

REMARKS