



## 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: \_\_\_\_\_

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