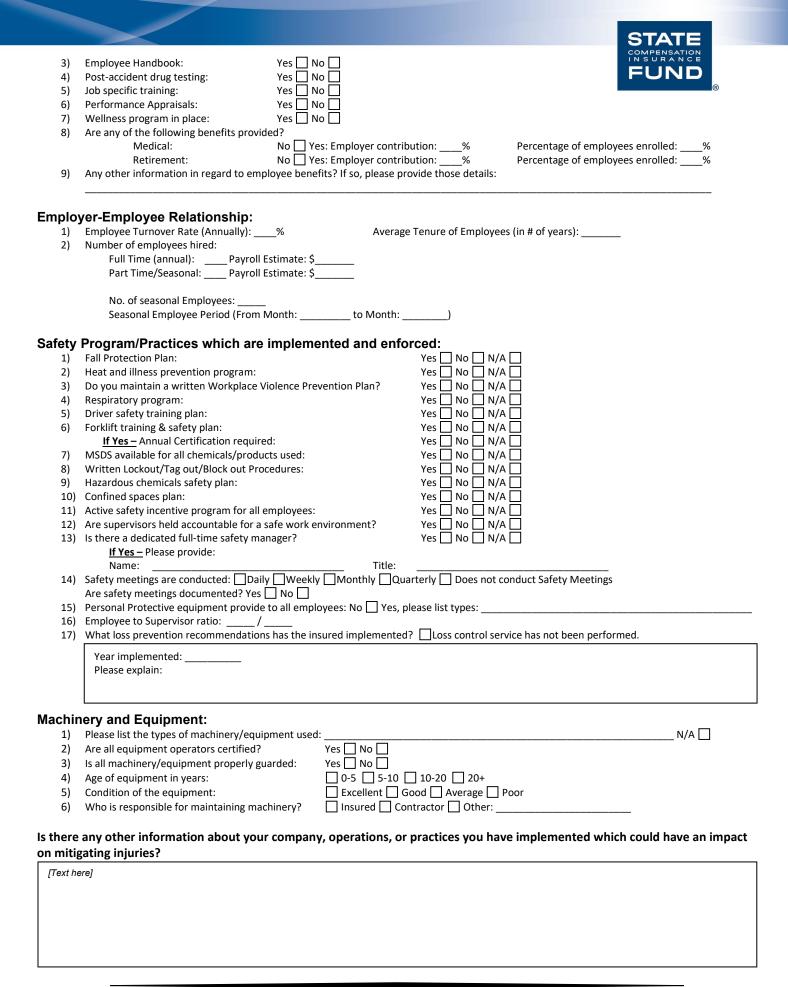


Rental Property Owner / Operator - Supplemental Questionnaire

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicant Information:

Proposed Effective Date: / /	Legal Name	::	Application ID:
Application completed by: Broker: Employe	er:		
Please provide (first, last) name:		Date:	
How many rental units? Is housing provided to any employees? Yes No If yes, how many employees are provided with housing? Please list the job responsibilities for each employee separately below:		Are any of the operations subcontracted to others? Yes No If yes, please list those operations [text here]	
			owing copies on file for each sub-contractor ensation Insurance: Yes
	☐ N/A :hing height exposures: (<i>Check al</i> ng ☐ Scissor Lifts ☐		
If scaffolding is used, does the	e insured build their own? No	Yes% of annual oper	rations compared to total operations.
			lease explain:
Vehicle exposure: Yes No No Lif Yes — No Percentage of total operations:% Total # of Vehicles Do employees take the vehicle home overnight? Yes Driving Radius in miles: mi. GPS tracking system installed? Yes No Company Owned: Yes No PUC Filing: N/A Yes: MCP Filing: N/A Yes:			
4) Any Out of State, International, or Overs If Yes - Please provide: Number of employees traveli Method of transportation: Frequency of travel:	ng: Location(s	5):	
5) CPR Training provided: Yes No	If Yes - Number of Employee	es certified:	
Claims Handling: 1) Is there a set procedure for reporting cla 2) Is there a formal written accident invest 3) Do you currently participate in an MPN	igation report?	Yes	
Personnel Practices:		_	_
 New-hire orientation program: Yes \sum No \sum Is the orientation documented? Yes \sum No \sum Owner is active in daily operations: Yes \sum No \sum 			



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