



NCC Real Estate Questionnaire

Please complete a separate questionnaire for each building

A. GENERAL INFORMATION:

Named Insured(s): _____

Mailing Address: _____

Inspection Contact: _____ Phone: _____

B. OCCUPANCY

Condo, Co-op, Apartments?

% Occupied: _____

Construction: _____

of Buildings: _____

of Elevators Passgr: _____

of Stories _____

Building (sq ft): _____

Garage (sq ft): _____ Spaces: _____ Who Operates: _____

Health (sq ft): _____

Merc (sq ft): _____

% Govt Subsidized: _____

Professional Office: _____

Year Built: _____

Dist. Btwn _____

Bldg: _____

of Elevators Freight: _____

of Units: _____

Year Renovated (if applicable): _____

Type of Renovations: _____

of Investor/Sponsor Owned Residential Units: _____ Name of Investor/Sponsor: _____

Sq.Ft. of Investor/Sponsor Owned Commercial Units: _____ Name of Investor/Sponsor: _____

Doorman: Yes No # of Hours: _____

Alarms: Yes No Alarm Type: _____

TY Monitors: Yes No

Resident Super: Yes No

Working Intercom: Yes No

Guards: Yes No Armed: Yes No

Smoke Detectors: Yes No Hardwired: Yes No

Two means of Egress: Yes No

Enclosed Stairwells: Yes No #: _____

<u>Fire Escape:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	#: _____
<u>Emergency Lighting:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Building Sprinklered:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	%: _____
<u>Building Contain Asbestos:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Building Contain Lead Paint:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Playground with matting:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Pool:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	#: _____
<u>Suana:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Sundeck:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Health Club:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Health Club Cert. Attached:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Garage:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Garage cert.:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Garage Sprinklered:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Garage Cut Off:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

