



LEAD EXPOSURE SUPPLEMENTAL QUESTIONNAIRE

Named Insured/Applicant

Policy/Quote Number

Building address*

****PLEASE PROVIDE ONE QUESTIONNAIRE PER BUILDING****

1. Does the building contain lead based paint? Yes No Unknown

If NO, describe how this is known:

IF OTHER THAN NO, COMPLETE THE REMAINDER OF THIS QUESTIONNAIRE.

2. Year Built Date purchased by insured

3. Condition of Building: Average Above Average Below Average

4. Describe habitational occupancy:

5. Is the occupancy restricted to adults only? Yes No

If NO: Describe when any restriction began:

6. Describe the history of the occupancy for the past five years:

Current year:

Prior Year

Prior Year

Prior Year

Prior Year

7. Number of Children on Premises

Number of children residing on Premises	Current	Average for past five years
Age of children residing on Premises	Current	Average for past five years

8. When was the interior last painted?

9. Describe maintenance schedule for interior painting:

10. Any evidence of peeling, flaking, dusting or chewing on any painted surface, including windows and sills? Yes No

11. Was there, or are there, any planned renovations (i.e. painted surface removal, stripped or replaced?) Yes No

12. Has any portion of the building undergone lead abatement? Yes No

13. Has a regulatory agency issued an order, citation or request relative to lead? Yes No



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14. Has any lead claim or complaint ever been brought? Yes No

15. Has a lead test ever been performed? Yes No

Please explain **ALL** "YES" responses:

Insured's Signature _____

Date _____

Agent Signature _____

Date _____