



## 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 \_\_\_\_\_