



SHOPPING/STRIP CENTER QUESTIONNAIRE

Date: _____

Named Insured: _____

Address: _____

Number of buildings? _____

Number of units? _____

Is insureds office on the premises? _____

Percentage of occupancy: _____

Do housekeeping, maintenance, storage and trash disposal practices meet acceptable safety standards in all occupancies? _____

Is the electrical system in good condition and properly maintained? _____

Does insured exercise control over tenants installations of electrical equipment/outlets etc.? _____

Is emergency lighting in place? _____ Are trip and fall hazards controlled? _____

Are there any Restaurant occupancies? _____ If yes, are they equipped with an automatic extinguishing system? _____

Are the systems maintained by an outside cleaning contractor on a semiannual basis? _____

What are the operating hours of the restaurant? _____

Are tenants required by lease to carry liability insurance? _____

Is the property located in a high crime area? _____

What type of security does the insured have in place? _____

On-site security patrol? _____

Are security personnel employees of the insured, or is a guard and patrol service used? _____

If a service is used, do they carry equal limits of liability insurance? _____

Do any security personnel carry guns? _____

Are walkways, corridors and parking areas clearly lit? _____