



**SHOPPING/STRIP CENTER QUESTIONNAIRE**

Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Number of buildings? \_\_\_\_\_

Number of units? \_\_\_\_\_

Is insureds office on the premises? \_\_\_\_\_

Percentage of occupancy: \_\_\_\_\_

By number of units \_\_\_\_\_ By % of total area \_\_\_\_\_

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? \_\_\_\_\_