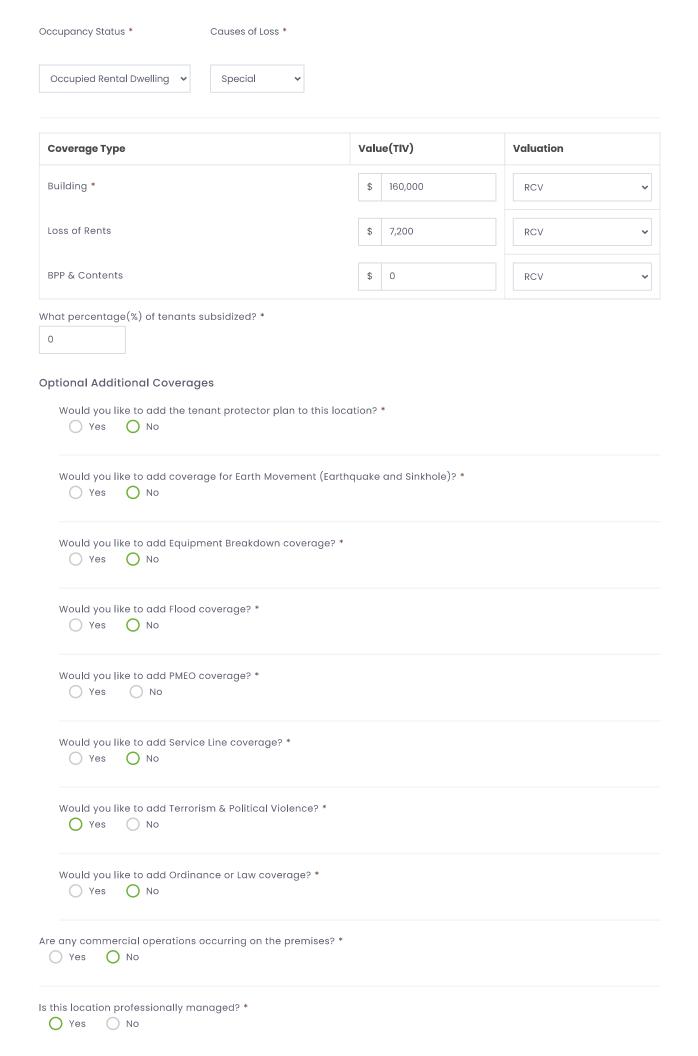
Questionnaire

Insured Name: Russell Quick Submission No: \$000065205 Account No: SHIELD24598-00

Endorsement Effective Date: *	06/17/2022		
Address			
Look up for address			View Map
Street#			
3700			
Street			
Taylorsville Rd			
Unit/Apt/Suite/#	City		
	Louisville		
State: KY *		Zip Code *	County
KENTUCKY	~	40220	Jefferson
Property Type * Single Family	erty & Liability \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Only Tenant Protector Pla Construction Type Please Select	· •
Named Windstorm		Deductible (AOP) *	
INCLUDED	~	\$2,500	~
		Note: Deductible options for n \$10,000.	ew business is \$2,500, \$5,000, and
Crime Score	Crime Value	Flood ID	Flood Zone
49.38	N/A	N/A	N/A
Protection Class	VildFire Score		
N/A			
Building area (sq.Ft) * Year Buil	t *		
Update Information			
Roof Electric	Plumbing	HVAC	
2012 🕶 2006	→ 2006 →	2010 🕶	



Property Manager's Name: *		Property Manager's Phone Number: *			
Russell Quick		502-365-2287			
Property Manager's Email Add	ress:				
Address					
Look up for address					View
Street#					
Street					
PO Box 99115					
Unit/Apt/Suite/#	City				
	Louisville				
State: KY *		Zip Code *	(County	
KENTUCKY	·				
nere a pool, hot tub, and/or spo	a at this location? *				
Yes No					
Yes No No ne porch or roofline sagging? *					
he porch or roofline sagging? * Yes No functioning smoke detectors i					
he porch or roofline sagging? * Yes No functioning smoke detectors i Yes No there any structural issues? *	nstalled? *				
Yes No	nstalled? * n or seasonal rental? * nob And Tube or Aluminum v	viring? * JNKNOWN			

Are there any detached str	uctures on the property? *
Select your included limit \$1 MM per occ/\$2 MM ag	
Is the location leased to stu Yes No Note:	udents? * TPP coverage is required when the location leased to students is answered by "YES".
Is Renters Insurance require	ed? *
Are there any existing city/s	state housing code violations associated with this property? *
Are there any local/state re * Yes No	ental law, code or statute violations associated with this property?
Are locks changed or repla	ced upon a tenant leaving? *
Are there any existing dame	age or maintenance issues at this property? *
Does the location have a w	ood shake roof? *
When required, are the hea	iting, electrical and plumbing systems serviced by a qualified trade professional? *
Does the property have Extended No	erior Insulating Finishing Systems (EIFS) on supporting structures? *
Is Premises kept in a well-n	naintained status? *
Is the property on stilts? (no	ot including crawlspaces) *
Is location greater than 2 st	tories? *
Does the lender require Len	ders Loss Payee? *

tes			
Certify that the answers	above are correct to the k	est of my knowledge.	
Please enter the name and th	e title to proceed.		
Name of person Submitting th	e Request		
Email Address			
Title			
Would you like a propose	l before adding coverage:	•	
would you like a propose	i belole duding coverage:		
	aut et	Only a duly that	
	Submit	Schedule List	

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