

IF YOU HAVE MORE THAN ONE GENERAL LIABILITY POLICY WITH HARIE, FILL OUT ONE SET OF INFORMATION SHEETS FOR ALL LOCATIONS COVERED UNDER EACH POLICY. For example, you have a State funded project on a separate policy. You would fill out one set of data sheets for the state funded project and one set for all other locations combined covered under the second policy.

NAME OF AUTHORITY:

1. CURRENT NUMBER OF OWNED UNITS
(Including owned Section 8 units)

	OCCUPIED	VACANT	TOTAL
# OF EFFICIENCY UNITS	_____ / _____	_____ / _____	_____ / _____
# OF 1 BEDROOM UNITS	_____ / _____	_____ / _____	_____ / _____
# OF 2 BEDROOM UNITS	_____ / _____	_____ / _____	_____ / _____
# OF 3 BEDROOM UNITS	_____ / _____	_____ / _____	_____ / _____
# OF 4 BEDROOM UNITS	_____ / _____	_____ / _____	_____ / _____
# OF 5 BEDROOM UNITS	_____ / _____	_____ / _____	_____ / _____

2. CURRENT # OF UNOWNED SECTION 8 UNITS-VOUCHERS _____
CERTIFICATES _____

3. OTHER PROGRAM UNITS # _____ DESCRIBE _____

4. ARE YOU MANAGING AGENT FOR ANY PROPERTY NOT OWNED BY THE HOUSING AUTHORITY? (USE LAST SHEET IF MORE THAN ONE PROJECT)

NAME OF PROJECT _____
OF UNITS _____
WHO IS IN CHARGE OF MAINTENANCE) _____

5. NUMBER OF ELEVATORS PASSENGER _____
FREIGHT _____
OTHER _____

6. DO YOU OWN ANY VACANT LAND? (If yes, give location and acreage.) _____

7. IS ANY OF THE SPACE OWNED BY THE HOUSING AUTHORITY RENTED OUT TO OTHER ENTITITES? (If yes, indicate the entity, and the sq. ft. of space rented). _____

8. DO YOU HAVE A WEATHERIZATION PROGRAM (If yes, describe)

9. DO YOU HAVE A HOME REPAIR PROGRAM (If yes, describe)

10. DO YOU OPERATE A DAY CARE CENTER (If yes, describe)

11. DO YOU SUPERVISE A YOUTH ATHLETIC PROGRAM (If yes, describe)

12. DO YOU OPERATE A DRUG AND ALCOHOL CENTER (If yes, describe)

13. DO YOU OPERATE A SENIOR CITIZEN DAY CARE CENTER (If yes, describe)

14. DO YOU OPERATE AN EMERGENCY OR HOMELESS SHELTER (If yes, describe)

15. ARE YOU INVOLVED IN, OR DO YOU ANTICIPATE INVOLVEMENT IN ANY LAW ENFORCEMENT ACTIVITIES (Security patrols, Tenant Patrols, Contracts with Law Enforcement Agencies, Crime Prevention Programs, etc.) (If yes, describe)

16. ARE YOU INVOLVED IN, OR ANTICIPATE INVOLVEMENT IN, ANY CONTROL, OWNERSHIP OR MAINTENANCE OF:

A Water Supply System _____

A Gas Supply System _____

An Electrical Supply System _____

A Sewage Treatment Facility _____

(If yes to any of these, PLEASE DESCRIBE)

17. DO YOU PROVIDE ANY FOOD PREPARATION, FOOD SERVICES, OR HAVE ANY FACILITIES YOU SUPERVISE (If yes, describe)

18. ARE YOU INVOLVED IN AN ASBESTOS ABATEMENT PROGRAM (If yes, describe) _____

19. ARE YOU INVOLVED IN A LEAD-BASED PAINT IDENTIFICATION, TESTING, AND/OR ABATEMENT PROGRAM (If yes, describe)

20. DO YOU OWN OR OPERATE ANY PARKING LOTS OTHER THAN THOSE FOR YOU OWN STAFF OR TENANT PARKING (If yes, describe)

21. DO YOU HAVE ANY MAINTENANCE AGREEMENTS WITH OUTSIDE ENTITIES (Janitorial, Lawn Care, etc. If, yes, describe)

PLEASE ANSWER THESE QUESTIONS COMPLETELY, YOU CURRENT GENERAL LIABILITY CONTRACT MAY NOT PROVIDE COVERAGE FOR SOME OF THESE ACTIVITIES OR MAY REQUIRE ENDORSEMENT TO PROVIDE SUCH COVERAGE. SOME MAY REQUIRE THE PURCHASE OF ADDITIONAL INSURANCE.

LIST OF LOCATIONS COVERED UNDER THIS POLICY

PA # _____ PROJECT NAME _____

PA # _____ PROJECT NAME _____

PA # _____ PROJECT NAME _____

PA # _____ PROJECT NAME _____

IF ALL YOUR LOCATIONS ARE COVERED ON THIS POLICY JUST CHECK THE
BLOCK BELOW.

RETURN THE COMPLETED FORM TO:

EXCALIBUR INSURANCE MANAGEMENT SERVICES, LLC
423 JEFFERSON AVENUE
SCRANTON, PA 18510