## Roush Insurance Services, Inc.

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Agency	Phone	
Address	Fax	
City	State	Zip

## Public Entity Application Public Housing Authority Questionnaire H

Le	gal Name of Public Entity:	Effective Date:			
1.	Total number of units: Number of conven Number of Section 8 & 23 units:				
2.	Number of stories per unit:				
3.	Type of security and/or fire protection measures in place	:			
4.	Do buildings have smoke detectors?  If "yes": ☐ battery-powered, or ☐ hardwired (into but but battery-powered, what is the scheduled maintenance page 1.	uilding electrical sy	vstem?)		
5.	Are the units ADA compliant?				
6.	What accommodations are made to handle the elderly or handicapped?:				
7.	Describe recreational or extracurricular programs sponsor	ored by the housir	ng authority and the facilities:		
8.	Day care facilities?  If "yes," complete questionnaire C.		Yes □ No		
9.	Lead Abatement Information (Complete for each local	ation built prior t	o 1978.)		
	a. Have these buildings been tested for the presence o	f lead?	Yes No		
	b. Are there any known lead-related claims, past or pre Provide complete details:				
	c. Does the insured have a certificate of completion for If "yes," attach a copy and complete the following q		? Yes No		

d.	What method of lead abatement was used?					
	☐ Paint:	Encapsulation	☐ Component replacement	☐ Abrasive removal		
		☐ Enclosure	☐ Chemical removal	☐ Hand removal/scraping		
	☐ Soil:					
e.	e. Is annual retesting done at this location?					
f.	•	authority in compliance with the Housing and Community Development Act?				