**Additional Insured Building/**

**Property Owner Questionnaire**

**Date**

**Name of Insured (School)**

**Name and Address of Additional Insured Building/Property Owner**

**Address of leased location**

**1. Is the facility that is being leased/added 100% occupied by the School Only?**

**[ ]  Yes** **[ ]  No**

 **If No, please explain:**

**2. Who is responsible for the Maintenance of the Facility?**

**3. Does the Additional Insured Building/Property Owner have their own General Liability policy?**

Please forward this questionnaire to your Underwriter