

**McNABB INSURANCE SERVICES**  
**UNDERWRITING CHECKLIST**

**Instructions:**

1. This check list fully completed must be submitted with an Acord application for consideration.
2. All questions must be answered with an X in the Yes or No column. You may write a remark if applicable.
3. List Occupancies of the building(s) – Use a separate sheet if needed:

.....  
 .....  
 .....  
 .....

**CHECKLIST**

| Building (s):                                                                         | YES | NO | REMARKS |
|---------------------------------------------------------------------------------------|-----|----|---------|
| 1. 46 to 60 years old from year originally built? <b><u>If not, do not submit</u></b> |     |    |         |
| 2. If over 25 years old, have the following identifiable updates:                     |     |    |         |
| a. Electrical-Not older than 15 years and must have circuit breakers.                 |     |    |         |
| b. Plumbing-Not older than 15 years.                                                  |     |    |         |
| c. Roof -Not older than 15 years.                                                     |     |    |         |
| d. Heating/Air Conditioning -Not older than 15 years.                                 |     |    |         |
| 3. All wiring with circuit breakers, not fuses or fustats?                            |     |    |         |
| 4. Have Fire extinguishers strategically mounted?                                     |     |    |         |
| a. Are they tested regularly, and the tags current?                                   |     |    |         |
| 5. Located in fire protection classes 1 to 7?                                         |     |    |         |
| 6. Occupied at least 67%?                                                             |     |    |         |
| 7. Have Wood Shake/Shingle roofs?                                                     |     |    |         |
| 8. Located in California Brush areas?                                                 |     |    |         |
| 9. Regularly maintained with pride of ownership?                                      |     |    |         |
| 10. Have all hallways properly illuminated?                                           |     |    |         |
| 11. Have all exits marked visibly, and lighted as necessary?                          |     |    |         |
| 12. Had two (2) or more losses in the past three (3) years?                           |     |    |         |
| 13. Had three (3) year average loss ratio of 40% or more?                             |     |    |         |
| 14. Had any one loss of \$5,000 or more?                                              |     |    |         |
| 15. Had any policy canceled or non-renewed in the past three (3) years?               |     |    |         |

\_\_\_\_\_  
Applicant's Signature/Date

\_\_\_\_\_  
Producer's Signature/Date

**McNabb's use only:**

Occupancies listed above acceptable: ( ) Yes ( ) No.

Remarks, if any: