

**RAINIER INSURANCE COMPANY®**

1411 SW Morrison Street, Suite 400  
 Portland, OR 97205-1945  
 800-522-6944 • Fax 800-772-2107


**UNPROTECTED PROPERTY  
 QUESTIONNAIRE**

<b>APPLICANT'S NAME</b> (NAME OF RISK TO WHICH THIS SECTION ATTACHES)	<b>DATE</b>
<b>ADDRESS</b>	<b>PHONE</b>

**1. FIRE DEPARTMENT**

<b>Name of Responding Fire Department:</b>	
<b>Fire Department Paid or Volunteer:</b>	
<b>Response Time:</b>	
<b>Accessible by Fire Department year-round?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Number of pumpers?</b>	<b>Number of tankers?</b>

**2. PROTECTION CLASS**

<b>Distance from Fire Station:</b>
<b>Are roads paved and accessible year-round?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Any physical barriers?</b>

**3. FIRE HYDRANT**

<b>Is there a hydrant within 1,000 feet from building(s)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If not, describe water source:</b>
<b>Distance from the building(s):</b>
<b>How does the water get to the fire?</b>
<b>Dry hydrant installed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**4. MISCELLANEOUS INFORMATION**

<b>What is the amount of clear space around all building(s)?</b>
<b>Type of roof(s):</b>
<b>Are building(s) occupied daily?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Central Station Fire and/or burglar alarm systems installed and monitored?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

5. ADDITIONAL COMMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

***The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the company to policy issuance.***

APPLICANT \_\_\_\_\_

PRODUCER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

This form shall be attached to, and made part of, the fully completed Acord application by the applicant.