QUESTIONNAIRE · APARTMENT BUILDING & CO-OWNERSHIP

Apartment building questionnaire

Information needed for your study — to be returned to info@assudire.fr

For managing agents and co-ownership property managers. Answer what you have to hand: only your contact details are required. With these details we build the full study file: feasibility, insurers approached, tables of premiums and excesses.

1. THE PROPERTY MANAGER

The firm and the person handling the building.

Firm or managing agent : .....

You are : ☐ Professional managing agent ☐ Volunteer managing agent ☐ Owners' council

First name : ..... **Last name :** ..... **Position :** .....

Phone : ..... **Email :** .....

Office address : ..... **Postcode :** ..... **Town :** .....

2. THE BUILDING

The building, as described in the division statement.

Name of the co-ownership : ..... **Building address :** .....

Building postcode : ..... **Building town :** ..... **Building located in France :** ☐ Yes ☐ No

Type of property : ☐ Apartment block ☐ Estate of several buildings ☐ Horizontal co-ownership (houses)
☐ Holiday or serviced residence

Year built : ..... **Number of buildings :** ..... **Floors (excluding basement) :** .....

Main units : ..... **Total floor area (m²) :** ..... **Estimated rebuild value :** ..... €

Construction : ☐ Concrete / masonry ☐ Stone ☐ Timber frame or mixed **Roof :** ☐ Tiles ☐ Flat roof ☐ Mixed

Listed building or conservation area : ☐ No ☐ Yes **Last major works (type, year) :** .....

3. OCCUPANCY AND FACILITIES

Who occupies the building, and what it houses.

Occupancy : ☐ Homes only ☐ Homes and shops ☐ Homes and offices ☐ Offices or shops only

Share of let units : ..... % **Vacant units :** ..... **Shops (type) :** .....

Facilities : ☐ Lift ☐ Underground car park ☐ Swimming pool ☐ Shared boiler room ☐ Solar panels
☐ EV charging points ☐ Gardens and play area ☐ Access control

Works voted or under way : ☐ No ☐ Yes **Type and cost of works :** .....

4. POLICY AND CLAIMS HISTORY

The insurer's claims record will confirm these details.

Current insurer : ..... **Policy number :** .....

Renewal date : ..... **Annual premium incl. tax :** ..... € **Current excess :** ..... €

Policy cancelled or formally warned by the insurer : ☐ No ☐ Yes **If yes, reason :** .....

Water damage claims over 3 years : ..... **Old pipes or repeated leaks :** ☐ No ☐ Yes ☐ I don't know

Claims in the last 5 years :

Date	Type (water damage, fire, theft, storm…)	Amount (€)
.....	.....	.....
.....	.....	.....

5. COVER EXPECTED

Cover wanted : ☐ Essential ☐ Comfort ☐ Comprehensive ☐ Advise me

Cover wanted : ☐ Leak detection ☐ Electrical damage ☐ Glass breakage ☐ Theft and vandalism ☐ Liability of volunteer agent and owners' council ☐ Co-ownership legal protection ☐ Shared equipment and lift ☐ Building works damage cover

Excess : ☐ Low ☐ Standard ☐ High (lower premium) **Next general meeting :** .....

Start date wanted : ☐ As soon as possible ☐ Within a month ☐ At my current renewal **Target budget :** ..... € / year ☐ Later

Owners' council expectations, details or questions :

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6. DOCUMENTS TO ATTACH

Scans are fine, you can send them later.

☐ Schedule of the current policy ☐ 5-year claims record ☐ Division statement or co-ownership rules
☐ Latest general meeting minutes ☐ Building survey or maintenance log ☐ Photos of the building

Older or already claim-hit building: we study feasibility before approaching insurers, and you get a reasoned answer. Water damage claims are then followed with you, under the IRSI agreement where it applies.

DECLARATION AND SIGNATURE

I certify that the information above is accurate; it forms the basis of the study and, where applicable, of the policy. Any concealment or misrepresentation is subject to the penalties of articles L.113-8 and L.113-9 of the French Insurance Code. ASSUDIRE processes the data collected to study my needs and manage the policy, under the conditions of the information document (section 8); I agree to be contacted.

Signed at: ..... **Date:** .....

The policyholder
Signature

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