

# **Company Information**

. Contact Information

Housing Provider Name:

Contact Name:

Contact Email:

# **Survey Questions**

1. For your housing services that receive housing trust fund resources under RCW 43.185A.130 and are serving extremely lowincome households, how many insurance companies or risk retention groups has your organization used over the past 5 years that provided property and liability coverage? (Please enter a number from 0 - 20)

2. Please list every insurance company or risk retention group that your organization has used for the past 5 years:

Company 1

Company 2

### Company 3

Company 4

Company 5

Company 6

Company 7

Company 8

Company 9

### Company 10

Company 11

Company 12

Company 13

Company 14

Company 15

Company 16

#### Company 17

Company 18

Company 19

Company 20

3. Please list your current insurance agent/broker:

## Submit

Q1. Please click the 'Submit' button to submit the survey responses.

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