



SUPPLEMENTAL APPLICATION FOR: HABITATIONAL COVERAGE

Complete in addition to ACORD applications. Attach additional sheets as necessary. Answer all questions.
If not applicable, indicate N/A.

SECTION I - APPLICANT INFORMATION

Applicant Name: _____

Mailing Address: _____

Location Address: _____

Website Address: _____

Is the insured a real estate or property management company? Yes No

Does the applicant have a property manager for this location? Yes No

If yes, Name of Management Company?: _____

Applicant Named as Additional Insured by Management Company? Yes No

SECTION II - GENERAL INFORMATION

1. Years owned by the applicant: _____

2. Prior ownership/management experience? Yes No

How long? _____

3. Does management reside on premises? Yes No

4. Year built? _____

5. Number of stories? _____

6. Number of units? _____

7. Number of buildings? _____

8. Are there any owned parking garages? Yes No

a. If yes, square footage? _____

9. Does the applicant have a pet policy in place? Yes No

a. If yes, please describe: _____

10. Does the applicant perform background checks on employees and tenants? Yes No

11. Does the applicant have a formal eviction policy in place? Yes No

12. Have any tenants been evicted in the past three (3) years? Yes No

13. Have any claims been made against the applicant in the last five (5) years? Yes No

14. Have there been any assaults, burglaries, rapes, murders on the applicant's premises in the last five (5) years? Yes No

SECTION III - OCCUPANCY INFORMATION

1. Percentage of occupancy? _____
2. Percentage of the following?
 - a. Market Rate _____
 - b. Elderly/Senior _____
 - i. Does the applicant provide any meals for tenants? Yes No
 - ii. Does the applicant provide any transportation for tenants? Yes No
 - iii. Are there pull cords and/or call buttons? Yes No
 - iv. Does the applicant or others provide any health services to tenants? Yes No
 - c. Student _____
 - i. Associated with University/College? Yes No
 - ii. Graduate? Yes No
 - iii. Undergraduate? Yes No
 - iv. Dormitories, Fraternities and/or Sororities? Yes No
 - d. Subsidized/Government _____
3. Are any of the buildings assisted living facilities, retirement facilities or nursing/convalescent homes? Yes No
4. Are any of the buildings boarding houses, single room occupancies and/or temporary housing facilities? Yes No
5. Is the risk a condominium association? Yes No
 - a. Does the builder and/or developer own any units? Yes No
 - b. Is the builder and/or developer a member of the board? Yes No
 - c. Are there rental units? Yes No
 - i. Percentage of rental units? _____
 - ii. Who owns the rental units? Association Unit Owners
 - iii. Who manages the rental units? Association Unit Owners Outside Source
 - iv. Minimum length of rental term? _____
6. Are there any commercial occupancies? Yes No
 - a. If yes, do the commercial occupancies exceed 50% of the total building area? Yes No
 - b. Square footage of the commercial occupancies? _____
 - c. Does the tenant(s) provide certificates of insurance naming the applicant as additional insured with equal to or greater limits? Yes No

SECTION IV - BUILDING INFORMATION

1. Construction type? Frame Masonry Pre-Engineered Metal Steel Frame
 Protected Steel Frame Reinforced Concrete Frame
2. Any EIFS or DEFS siding? Yes No

3. Any wood burning stoves or fireplaces? Yes No
- a. If yes, are they cleaned and inspected annually with a copy of the service record kept by the applicant for a minimum of 3 years? Yes No
4. When were the following updates performed?
- a. Roof: _____
- b. HVAC: _____
- c. Electric: _____
- d. Plumbing: _____
- e. Other: _____
5. Type of Wiring? Copper Aluminum Pigtailed
6. Fuses or Circuit Breakers
7. Are there any Federal Pacific Stab-Lok or Zinsco panels present? Yes No
8. Sprinkler system? Yes No
- a. If yes: Common Areas Trash Chutes All Units 100%
- b. Are the systems inspected annually with a copy of the inspection results kept by the applicant for a minimum of three years? Yes No
- c. Does the building have a standpipe systems? Yes No
9. Does the building have a central station fire alarm? Yes No
- a. If yes, is it connected to: Local Fire Dept. Outside Monitoring System
10. Are there UL approved smoke detectors in all units and corridors? Yes No
- a. If yes, are they: Hardwired Battery
- b. Is there a written plan in place to inspect each smoke detector? Yes No
- c. How often? _____
11. Are there UL approved carbon monoxide detectors in all units and corridors? Yes No
- a. If yes, are they: Hardwired Battery
- b. Is there a written plan in place to inspect each carbon monoxide detector? Yes No
- c. How often? _____
12. Are there two (2) means of egress from each floor? Yes No
- a. If no, please explain: _____
13. Does the building have exterior stairwells? Yes No
14. Does the building have elevators? Yes No
- a. If yes, are they maintained under a service contract? Yes No
15. Does the building have emergency lighting? Yes No
16. Does the building have illuminated emergency exits? Yes No
17. Are there fire extinguishers in all units and corridors? Yes No
18. Are employees familiar with proper emergency procedures? Yes No
19. Are grills allowed on outside balconies or decks? Yes No

20. Have there been any prior lead claims? Yes No

21. Have there been any prior mold claims? Yes No

SECTION V - MAINTENANCE

1. Any major construction and/or renovation scheduled or anticipated? Yes No

2. Are there written procedures for inspection of the premises? Yes No

a. If yes, how often are they inspected? _____

3. Are written logs kept of all inspectors, maintenance and repairs? Yes No

4. Are there written procedures for responding to tenant complaints? Yes No

5. Are written logs kept of all complaints? Yes No

6. Is there a snow/ice removal procedure in place? Yes No

7. Responsible party for the following:

a. Janitorial: Employee Outside Contractor

b. Lawn Care: Employee Outside Contractor

c. Snow Removal: Employee Outside Contractor

8. If subcontractors and/or outside contractors are required to perform any work on the premises:

a. Is there a formal contract in place? Yes No

b. Hold harmless agreements in place? Yes No

c. Does the applicant receive a Certificate of Insurance evidencing equal to or greater than limits and providing additional insured status? Yes No

SECTION VI - SECURITY

1. Is the property fenced/gated? Yes No

2. Is the premises covered by security cameras? Yes No

3. Do the tenants' doors and/or windows contain any of the following?

a. View window/Peephole? Yes No

b. Dead Bolts? Yes No

c. Lock pins for windows/sliding glass doors? Yes No

d. Bars on windows? Yes No

i. If yes, are they equipped with a quick release mechanism? Yes No

4. Are locks rekeyed for all new tenants? Yes No

5. If building access is restricted, how is access obtained? (Check all that apply)

Card Key Intercom Security Code Doorman Camera Security Guard

6. Who is given access? (Check all that apply)

Residents Employees Property Manager Maintenance Staff/Contractor

6. Are there security guards on premises? Yes No
- a. If yes, are they armed? Yes No
- b. What are their hours of operation? _____
- c. Type of personnel? Employee Outside Service Guard Other: _____
- i. If outside guard service:
1. Is there a formal contract in place? Yes No
 2. Hold harmless agreements in place? Yes No
 3. Does the applicant receive a Certificate of Insurance evidencing equal to or greater than limits and providing additional insured status? Yes No

SECTION VII - AMENITIES/RECREATIONAL FACILITIES

1. Pool & Hot Tub/Spa Information:
- a. Number of Pools? _____
- b. Number of Hot Tubs/Spas? _____
- c. Indoor or Outdoor
- d. Is the pool/spa in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
- e. Controlled hours of operation and use? Yes No
- f. Open to tenants and guests only? Yes No
- g. Is the area completely surrounded by walls or fencing with self-closing/self-latching gate? Yes No
- i. If yes, height of wall or fence? _____
- h. Do any units open directly into the pool area? Yes No
- i. Are there any diving boards? Yes No
- i. If yes, height? _____
- j. Are there any slides? Yes No
- k. Does the walk area around the pool have a non-slip surface? Yes No
- l. Are the depths clearly marked on the top and inside edges? Yes No
- m. Are warning signs and rules posted in a visible area? Yes No
- n. Is safety equipment (flotation/life rings and shepherd's hooks) in a visible and accessible spot in the pool area? Yes No
- o. Has the pool been retrofitted with an anti-vortex cover? Yes No
- p. Who maintains the pool? Employee Outside Service Other: _____
- i. If outside service:
1. Is there a formal contract in place? Yes No
 2. Hold harmless agreements in place? Yes No
 3. Does the applicant receive a Certificate of Insurance evidencing equal to or greater than limits and providing additional insured status? Yes No
- q. Are there lifeguards on duty? Yes No

- i. If yes: Employee Outside Service Other: _____
- ii. If outside service:
1. Is there a formal contract in place? Yes No
 2. Hold harmless agreements in place? Yes No
 3. Does the applicant receive a Certificate of Insurance evidencing equal to or greater than limits and providing additional insured status? Yes No
2. Are there playgrounds on premises? Yes No
- a. If yes, type of surface below the playground: Grass Dirt Clay Sand Other: _____
 - b. Age of equipment? _____
 - c. Periodic inspections and repairs performed as needed? Yes No
3. Is there a clubhouse? Yes No
- a. If yes, square footage? _____
4. Are there fitness facilities on premises? Yes No
- a. If yes, square footage? _____
 - b. Age of equipment? _____
 - c. Signs posted? Yes No
 - d. Periodic inspections and repairs performed as needed? Yes No
5. Are there owned lakes or ponds? Yes No
- a. If yes, how many? _____
 - b. Total acreage? _____
 - c. Watercraft or boats allowed? Yes No
 - d. Swimming allowed? Yes No
 - e. Signs posted? Yes No

6. Other recreational facilities (Check all that apply):

<input type="checkbox"/> Tanning Booths	<input type="checkbox"/> Fishing Piers	<input type="checkbox"/> Sport Courts	<input type="checkbox"/> Saunas
<input type="checkbox"/> Climbing Walls	<input type="checkbox"/> Boat Docks	<input type="checkbox"/> Boat Slips	<input type="checkbox"/> Beaches
<input type="checkbox"/> Day Care (Youth or Adult)	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Dog Park	
<input type="checkbox"/> Other (please describe): _____			

WARRANTY

The purpose of the Habitational Supplemental Application is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrants the information contained herein is true and accurate to the best of his/her knowledge, information, and belief. The supplemental application, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

SIGNATURE OF APPLICANT: _____

DATE: _____