



HABITATIONAL SUPPLEMENTAL

(Include Acord App)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

1. Contact Person (Owner/Manager): _____ Phone #: (____) _____ - _____

2. Applicant is : Individual Corporation Partnership Joint Venture Other: _____

3. Location Name, Street Address, City, County, State, Zip Code (If more than 4 locations, attach schedule of locations)

Location# 1: _____

Location# 2: _____

Location# 3: _____

Location# 4: _____

4. Fire Protection and Security Information

- a. Sprinkler System? Yes No e. Is Security Provided? Yes No
 - All Units? Yes No If yes, Patrol Gated Access Alarm systems
 - Common areas only? Yes No 24 hour security Yes No
- b. Smoke Detectors in each unit? Yes No Armed Yes No
 - Hardwire Yes No Unarmed Yes No
 - Battery Yes No Independent/Contracted Yes No
 - Hallway leading to bedroom? Yes No Employee Yes No
- c. Fire Extinguishers Yes No If Employee, provide payroll \$ _____
 - In each unit? Yes No f. If gated, is the entire complex gated Yes No
 - In common areas? Yes No How is access obtained? _____
- d. Separation between buildings Yes No Who is given access? _____
 - Distance between buildings: _____ g. If Alarm system, Who Monitors system: _____
 - Are alarm systems in every unit? Yes No

Hotel/Motel

- a. Peep holes in each unit door? Yes No
- b. Dead bolts in each unit door? Yes No
- c. Non-slip surface in all tub/shower areas? Yes No

5. General Information

- a. If there have been any water damage claims within the past three (3) years, has the insured taken protective safeguards to ensure this doesn't happen again? Yes No
If yes, describe: _____
- b. Has applicant received any claims for wrongful eviction in the past 5 years? Yes No
If yes, how many of these claims were paid? _____ provide details: _____
- c. Are any of the applicant's properties subject to rent control laws? Yes No

6. Recreational Exposures

- a. Swimming Pool(s) Yes No
 Diving boards Yes No
 If Yes, Height: _____
 Slides Yes No
 Underwater lighting Yes No
 Steps into shallow end with handrails Yes No
 Is the pool area completely surrounded by building walls or fenced? Yes No
 If yes, provide height of wall and/or fence: _____
 Are gates or doors opening into the pool area equipped with a self-closing/self-latching device? Yes No
 Are the depth marking clearly shown? Yes No
 Are warning signs and rules posted and clearly visible? Yes No
 Is pool maintained by Applicant Outside Contractor Yes No
 Are lifeguards provided by: Applicant Pool Management Company Other _____

- b. Number of:
 Playgrounds: _____ Tennis Courts: _____ Racquetball Courts: _____
 Basketball Courts _____ Volleyball Courts: _____ Baseball Fields: _____
 Acres of lakes/ponds _____ Boat Slips: _____ Other: _____

7. Renovations and/or Recent Updates (for information on additional location please attach a separate page)

Year and Type of Update	Location # 1	Location # 2	Location # 3	Location # 4
Electric				
HVAC				
Plumbing				
Roof				
Other				

8. Description of Location(s) (for information on additional location please attach a separate page)

Use alpha code listed for type of Occupancy:

- A - Apartment Bldg E - Dwelling / Two Family I - Fraternity or Sorority House
 B - Garden Apartments F - Dwelling / Three Family J - Motel
 C - Apartment - Hotel or Time Share G - Dwelling / Four Family K - Hotel
 D - Dwelling / One Family H - Boarding or rooming house L - Condominium

Description	Location # 1	Location # 2	Location # 3	Location # 4
Years owned by Insured				
Type of occupancy (see list above)				
Type of construction				
Year Built				
Number of stories				
Number of total units and buildings	////			
Total square feet				
Manager on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly rent per unit				
<input type="checkbox"/> 1 Br. <input type="checkbox"/> 2 Br. <input type="checkbox"/> 3 Br. <input type="checkbox"/> Other				
% of units occupied				
% of units owner occupied				
% of building owner occupied				
% of units rented to others				
% of units Subsidized				
% of Student renters				
Is build. a retirement and/or elderly facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are there any medical assistance offered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description	Location # 1	Location # 2	Location # 3	Location # 4
If yes, are there emergency pull cords or buttons	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is bldg. an assisted living facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
wiring - copper - aluminum - pigtailed	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P
Fire Walls separating buildings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If > 3 stories are interior stairways equipped with self closing/locking fire doors on each floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any wood shake shingle roofs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Heating system				
If space/portable heating is it UL electric, Kerosene, vented gas, or un-vented gas?				
Any wood burning stoves or fireplaces				
If yes, last time inspected/cleaned?				
Is this on a historical Register - Local, County, State or National?				
Any car ports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any fences	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection Class				

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.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application for files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Date _____ Signature: _____ Date _____