

HABITATIONAL SUPPLEMENTAL APPLICATION

Required documents, in addition to this application:

- Loss runs, dated within 60 days of submission, covering the past five years
- Declarations page from current insurance carrier, showing retroactive date if claims-made coverage

APPLICANT INFORMATION

Legal name of Applicant:	
Mailing Address:	
Location Address:	

(If there are multiple locations, please attach a list separately)

Date Established:		Website:	
Legal Structure:	For Profit	Non-Profit	Government
	Sole proprietorship	Corporation	Partnership
			Joint Venture
			Other (please explain)

Inspection Contact (name, position):		Phone Number:	
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PREMISES INFORMATION

1. Please Provide Number of:			
Buildings		Stories	
		Units	
2. Please describe Type of Occupancy:			
Apartments	Condominium Association	Homeowners Association	
3. Area of risk:			
Metro/City	Suburb	Rural	
4. In what year was the building or buildings constructed?			
5. How many years has the applicant owned the building(s)?			
6. Are there elevators in the building?			Yes
If Yes, is there a maintenance contract in place with a licensed contractor?			No
Yes			No
7. Provide type of construction:			
8. In what year were the following updates last performed?			
Heating		Plumbing	
Electrical		Roofing	
9. Are there any owned parking areas?			Yes
			No
10. Are animals allowed on premises?			Yes
			No
11. Does applicant perform background checks on employees and tenants?			Yes
			No
12. Does applicant have a formal eviction policy in place?			Yes
			No

OCCUPANCY

13. Does the applicant have any elderly, disabled, or assisted living tenants?	Yes	No
14. Does applicant provide any meals for tenants?	Yes	No
15. Does applicant provide transportation for residents?	Yes	No

16. Are there pull cords and/or call buttons used to monitor residents?	Yes	No
17. Does applicant or others provide any health services to residents?	Yes	No
18. Does applicant provide any government or subsidized housing?	Yes	No
19. Does applicant have any student renters?	Yes	No

MAINTENANCE

20. Is management staff on site?	Yes	No
21. Is maintenance staff on site?	Yes	No
22. If subcontractors are required to perform any work on premises, including snow removal, are they required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured?	Yes	No
23. Are there any construction or renovation projects in progress or planned during the coming year?	Yes	No
If yes, please explain:		

FIRE SAFETY

24. Type of wiring:	Copper	Aluminum
25. Are there any Stab-Lok breakers or Knob and Tube wiring?	Yes	No
26. Is the facility fully sprinklered?	Yes	No
27. Are there smoke alarms in each room?	Yes	No
If yes, are the alarms:	Hardwired	Battery
28. Does the building have a central station alarm?	Yes	No
If yes, is it connected to:	Local Fire Department	Monitoring Station
29. Are there emergency lights in all common areas including stairwells?	Yes	No
30. Are there carbon monoxide detectors in each unit?	Yes	No
If yes, are the detectors:	Hardwired	Battery
31. Are there two means of egress from each floor?	Yes	No
If no, please explain:		

SWIMMING FACILITIES

32. How many swimming pools are there on site?		Pool hours:	
33. Is pool completely fenced?		Yes	No
34. Are gates locked during non-pool hours?		Yes	No
35. Are there diving boards or slides?		Yes	No
36. Are rules posted?		Yes	No
37. Is there a lifeguard on duty?		Yes	No
38. Do all pool and spa drains conform to the mandated specifications and requirements of the Virginia Graeme Baker Pool and Spa Safety Act?		Yes	No

OTHER RECREATIONAL FACILITIES

39. Are the following recreational facilities available to tenants:

Tennis Courts	Yes	No	Lakes/Ponds/Ocean Access	Yes	No
Volleyball Courts	Yes	No	Boat Rental Operations	Yes	No
Basketball Courts	Yes	No	Bathing Beaches	Yes	No
Baseball Fields	Yes	No	Playgrounds	Yes	No
Fitness Center	Yes	No	Kids Programs/Day Camps	Yes	No
Clubhouse	Yes	No	Sauna/Spa	Yes	No
Convenience Store	Yes	No	Other (please describe below)	Yes	No

40. Describe the ground cover for playground areas as well as the age and type of equipment:

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41. Does applicant sponsor or host any athletic events on this premise or the premises of others?

Yes	No
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If yes, please explain:

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42. Will any special events be hosted on applicant's premises during the upcoming policy period and/or does applicant regularly hold special events at the premises?

Yes	No
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If yes, will liquor be served at these events?

Yes	No
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SECURITY

43. Are security guards onsite?

Yes	No
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44. If yes, are security personnel:

Employed Off Duty Law Enforcement Subcontracted

If security personnel are subcontractors, are they required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured?

Yes	No
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45. Do you have Armed security

Yes	No
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46. Provide days of the week security is on duty at applicant's location:

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47. Provide hours security guard is on duty:

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48. Are background investigations conducted on all employees who perform security duties?

Yes	No
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49. Are there any non-habitational operations on the premises?

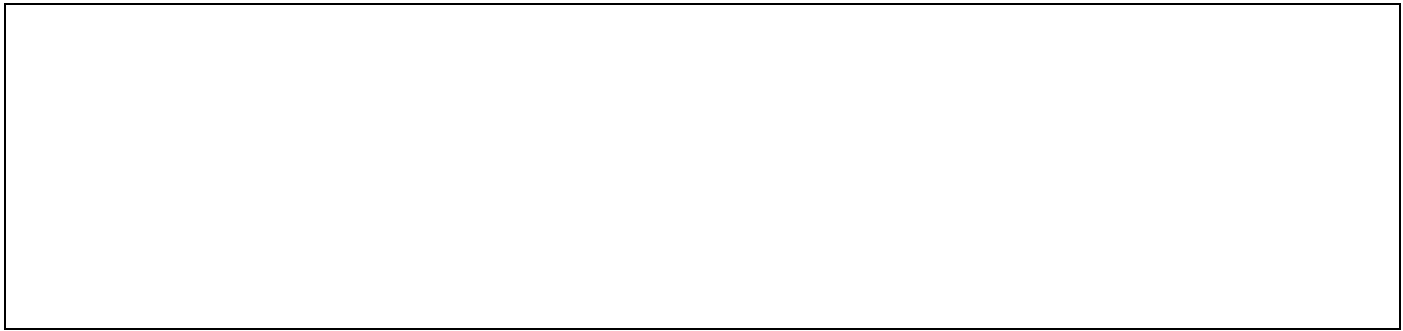
Yes	No
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If yes, what type of occupancy:

List the square footage of the occupancy:

SUPPLEMENTAL INFORMATION

Please use the space below to provide additional details for any other questions requiring additional space for answers.



FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment



of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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 acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant Signature _____

(Must be signed by an owner, principal, partner or officer)

Title: _____

Date: _____