



**HABITATIONAL SUPPLEMENTAL APPLICATION**

(Complete a supplement for each location in addition to the Acord Application)

Applicant Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Type of risk:

| Apartment      Apartment-Hotel      Garden Apartment      Hotel      | Motel      Condominium Association  
\_\_\_ Townhome Association      Homeowners' Association      \_\_\_ Other: \_\_\_\_\_

Is there a developer involved with the risk?    \_\_\_ Y    \_\_\_ N    If "Yes", describe involvement:

Are animals permitted?    \_\_\_ Y    \_\_\_ N    If "Yes", describe species and breed:

**GENERAL PREMISES INFORMATION:**

Year Built \_\_\_\_\_      Years owned \_\_\_\_\_      Number of buildings \_\_\_\_\_  
Year of Updates:    Roof \_\_\_\_\_      Construction \_\_\_\_\_      Roofing material \_\_\_\_\_  
                         Plumbing \_\_\_\_\_      Number of stories \_\_\_\_\_      Total square feet \_\_\_\_\_  
                         HVAC \_\_\_\_\_      Number elevators.\* \_\_\_\_\_  
                         Electric \_\_\_\_\_      Type of wiring    |    Copper    \_\_\_ Aluminum  
Fire divisions in buildings    \_\_\_ Y    \_\_\_ N    Number of divisions \_\_\_\_\_      Units per division \_\_\_\_\_

\*If any building has elevators, advise if current maintenance agreement in place.

**UNIT OCCUPANCY**

Total number of units \_\_\_\_\_    Any units owned by developer    \_\_\_ Y    \_\_\_ N    If "Yes" number of units: \_\_\_\_\_  
Number owner occupied units: \_\_\_\_\_    Number tenant occupied units: \_\_\_\_\_    Average Occupancy % \_\_\_\_\_  
Average Monthly Rents Per Unit: \_\_\_\_\_    Average Nightly Rents Per Room \_\_\_\_\_  
                         % of units subsidized \_\_\_\_\_      % student renters \_\_\_\_\_  
Rentals managed by:    \_\_\_ Association    \_\_\_%      Property Manager    \_\_\_%      Individual Unit owner    \_\_\_%  
Manager on premise?      Y    \_\_\_ N    \_\_\_ N/A  
Any units on time share?    Y | \_\_\_ N    If "Yes", provide details, including number of units.

**LIFE SAFETY INFORMATION:**

Sprinklers		Smoke Detectors			Fire Extinguishers	
All Units	Common Areas	Each Unit	Hallways to Bedrooms	Hard Wired or Battery?	Common Areas	Each Unit
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**Security** Provided:  Y  N

**Patrol**  Y  N

Armed  Unarmed Days/week Contracted provide certs? Payroll for employed

Employed  Contracted \_\_\_\_\_  Y  N \$ \_\_\_\_\_

Gated Access  Y  N

How is access obtained?

Who is given access?

**Alarm System**  Y  N

In each Unit? Who monitors the alarm?

Y  N \_\_\_\_\_

**Doors and windows**

Peep holes in doors  Y  N Dead bolt locks on exterior doors  Y  N

Windows and balcony doors lock  Y  N

Sufficient outside egress in the event of an emergency  Y  N

**Multi-story risks**

Evacuation plan in place and posted  Y  N

Balconies above 3<sup>rd</sup> floor  Y  N

**RECREATIONAL FACILITIES**

Pools / Spas / Jacuzzis  N/A

Number of : Pools \_\_\_\_\_ Spas \_\_\_\_\_ Jacuzzis \_\_\_\_\_

Does each pool have:

Fence w/self-latching gate  Y  N Lifesaving equipment available  Y  N

Pool rules posted  Y  N Deep end roped off from shallow end  Y  N

Lifeguard(s)  Y  N Posted "Swim at your own risk"  Y  N

Underwater lighting  Y  N Hand rails at steps  Y  N

Depth clearly marked  Y  N Maximum depth \_\_\_\_\_

Diving Board(s)  Y  N Height: \_\_\_\_\_ Water Depth: \_\_\_\_\_

Slide(s)  Y  N Height: \_\_\_\_\_ Water Depth: \_\_\_\_\_

Who maintains the pool / spa / jacuzzi? \_\_\_\_\_

Lakes / Ponds  N/A

Number of Lakes/Ponds \_\_\_\_\_

Acreage \_\_\_\_\_

Fenced  Y  N

Fishing permitted  Y  N

Boating permitted  Y  N

Swimming beach  Y  N

Swimming area roped off  Y  N

Use rules posted  Y  N

Posted "Swim at your own risk"  Y  N

Lifeguard(s)  Y  N

Lifesaving equipment available  Y  N

Diving Board(s)  Y  N

Height: \_\_\_\_\_ Water Depth: \_\_\_\_\_

Slide(s)  Y  N

Height: \_\_\_\_\_ Water Depth: \_\_\_\_\_

Raft(s)  Y  N

Size: \_\_\_\_\_ Water Depth: \_\_\_\_\_

Boat Docks  Y  N

Number: \_\_\_\_\_

Any of the following:

Ball diamonds # \_\_\_\_  Boat docks # \_\_\_\_  Playgrounds # \_\_\_\_  Sports courts # \_\_\_\_

Clubhouses, pavilions or other enclosed areas used for entertainment.  Y  N

If "Yes", provide details of activities, including hours of operation and square footage of the facility.

**UTILITIES, STREETS, ROADS**

Utilities are supplied by:  Public Utilities  Private Utilities

If private, describe: \_\_\_\_\_

Does applicant own streets or roads?  Y  N If "Yes", number of miles owned: \_\_\_\_\_

If "Yes", describe maintenance: \_\_\_\_\_

Comments: \_\_\_\_\_

**Any person who knowingly and with intent to defraud any insurance company or other person files a supplemental 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 and may subject that person to criminal and civil penalties.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_