



HABITATIONAL SUPPLEMENTAL APPLICATION

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Applicant Information

Applicant Name: _____

Mailing Address: _____
Street Address City State ZIP Code

Website: _____ Proposed Effective Date: From: _____ to: _____ 12:01 A.M.

General Information

- Number of years in business: _____
- Are any of the properties assisted living facilities / senior housing? Yes No
If yes – identify location # and number of units: _____
Are there pull cords or medical personnel on call or on premises? Yes No
- Are any of the properties fraternity or sorority houses? Yes No
If yes – identify location # and number of units: _____
- Are any properties involved in the housing of mental, drug, or alcohol rehabilitation patients? Yes No
If yes – identify location # and number of units: _____
- Are pets allowed? Yes No
If yes – identify types: Dogs Cats Exotic Animals - If you allow exotic animals, please describe: _____
- Do you require an annual lease agreement? Yes No
Explain: _____

History

- In the past 5 years, have you been sued by a tenant(s)? Yes No
If yes, were any of the following defined as reasons for the law suit:
Wrongful Eviction? Yes No
Alleged Injury? Yes No
Class Action? Yes No
- Are there any ongoing suits at this time? Yes No
- In the past 5 years, have you had any of the following? Foreclosure Bankruptcy Repossession Delinquency in Paying Taxes
- Have there been any previous animal bite incidents? Yes No
- In the past 5 years, have there been any assault & battery incidents? Yes No
- Has there ever been sexual and or physical abuse incidents? Yes No
- In the past 5 years, have you had a lapse in your insurance coverage? Yes No
Explain: _____
- In the past 5 years, have there been any bug or other infestation? Yes No

If yes to any **History** questions, please provide details:

Loss History

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

- Please enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 4 years. Has all damage been repaired? Yes No If yes, provide date of repair: _____

Date of Occurrence	Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Open (O) or Closed (C)

Description of Locations: If more than 5 locations, print extra copies of page 2 and 3 and complete in full.

	Location #1	Location #2	Location #3	Location #4	Location #5
Year built:					
Date of updates and type: Types: Roof, Plumbing, HVAC, Electric	<input type="checkbox"/> Roof, Yr: <input type="checkbox"/> Plumb, Yr: <input type="checkbox"/> HVAC, Yr: <input type="checkbox"/> Electric, Yr:	<input type="checkbox"/> Roof, Yr: <input type="checkbox"/> Plumb, Yr: <input type="checkbox"/> HVAC, Yr: <input type="checkbox"/> Electric, Yr:	<input type="checkbox"/> Roof, Yr: <input type="checkbox"/> Plumb, Yr: <input type="checkbox"/> HVAC, Yr: <input type="checkbox"/> Electric, Yr:	<input type="checkbox"/> Roof, Yr: <input type="checkbox"/> Plumb, Yr: <input type="checkbox"/> HVAC, Yr: <input type="checkbox"/> Electric, Yr:	<input type="checkbox"/> Roof, Yr: <input type="checkbox"/> Plumb, Yr: <input type="checkbox"/> HVAC, Yr: <input type="checkbox"/> Electric, Yr:
Number of stories:					
Total number of units:					
Parking lot? If yes: Sq. ft.: # of spaces: Well lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No Sq. Ft: # Spaces <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Sq. Ft: # Spaces <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Sq. Ft: # Spaces <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Sq. Ft: # Spaces <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Sq. Ft: # Spaces <input type="checkbox"/> Yes <input type="checkbox"/> No
Vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No % of Units:	<input type="checkbox"/> Yes <input type="checkbox"/> No % of Units:	<input type="checkbox"/> Yes <input type="checkbox"/> No % of Units:	<input type="checkbox"/> Yes <input type="checkbox"/> No % of Units:	<input type="checkbox"/> Yes <input type="checkbox"/> No % of Units:
Student housing locations?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing authority / subsidized housing?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mixed use / commercial tenants? If yes, explain:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-slip rugs/stairs?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elevators?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trampolines?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watercraft 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swing sets?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ponds on premises / surrounding area?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kerosene or portable space heaters as primary source of heat?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does each unit have both a kitchen and bathroom?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
More than 5 acres of land (If yes, specify #)?	<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	<input type="checkbox"/> Yes, #: <input type="checkbox"/> No
Fuel Tank?					
Pollution exposure? If yes, explain:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Time sharing units owned by corporations for use of executives / employees only?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boarding or rooming houses?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Maintenance: Who performs?

16. Janitorial Operations: Contractor Employee Tenant
 17. Lawn Care Operations: Contractor Employee Tenant
 18. Snow Removal Operations: Contractor Employee Tenant
 19. Parking Lot (if any): Contractor Employee Tenant
 20. Exercise Room (if any): Contractor Employee Tenant

21. Playground (if any): Contractor Employee Tenant
 22. Pool/game room (if any): Contractor Employee Tenant
 23. Tennis courts (if any): Contractor Employee Tenant
 24. Elevators (if any): Contractor Employee Tenant

25. If outside contractor is employed:

- a. Are certificates of insurance on file? Yes No
 b. Do they carry equal to or greater limits? Yes No
 c. Is the applicant named as an additional insured on their policy? Yes No
 d. Are contracts in place with Hold Harmless Agreement in favor of the applicant? Yes No

If no to any of questions a - d above, please provide details:

26. Do you have a regular building maintenance and inspection programs in place (including water heaters)? Yes No

If yes, please provide details:

Fire Protection:

27. Are all buildings equipped with fire sprinklers? Yes No
- a. All units? Yes No
- b. Common areas only? Yes No
- c. Are these in good working order? Yes No
- d. Last date of inspection: _____
28. Are all units equipped with smoke detectors? Yes No
- a. Specify if smoke detectors are battery or hard wired per location: _____
- b. How often are smoke detectors checked? _____
- c. Last date of on the tag: _____
29. Are all buildings equipped with carbon monoxide detectors? Yes No
- a. All units? Yes No
- b. Common areas only? Yes No
- c. Last date of on the tag: _____
30. Are all buildings equipped with fire extinguishers? Yes No
- a. In common areas? Yes No
- b. In each Unit? Yes No
- c. Last date of on the tag: _____
31. Please provide details on means of egress: _____

Security:

32. How does management handle the monitoring of master keys? _____
- a. Secured or Locked? Yes No
33. How are locks handled upon change of residents? Re-keyed Changed Completely
34. Do the units contain any of the following?

	Location #1		Location #2		Location #3		Location #4		Location #5	
Dead Bolts	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Window locks / bars	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alarm System in every unit	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security patrol 24 hours	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gate access to enter? If yes, how is access obtained: guard at gate (G), security card (S), or code (C)?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of armed security guards:										
Number of unarmed security guards:										
Guards employed (E) by management or independent contractor (IC)										
If IC, are certificates of insurance for each IC required?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant named as additional insured on tenant's policy?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Swimming Pools:

	Location #1		Location #2		Location #3		Location #4		Location #5	
Is there a pool?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of diving boards / height?										
Number of slides/height?										
Pool maintained by applicant our outside contractor?										
Pool surrounded by fence / wall?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fence equipped with self-closing and self-latching gates?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifeguards on duty? If yes, by applicant or pool management company?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does operation of pool fully comply with federal/state/local laws?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depth of pool markings clearly visible?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Warning signs and rules posted (including no alcohol)?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life safety equipment available at poolside? If yes, what type?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pool in compliance with federal Virginia Graeme Baker Pool and Spa Safety Act?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all tenants required to sign a waiver of liability?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Locations:

If more than 5 locations, print extra copies of page 2 and 3 and complete in full.

FRAUD WARNING

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 conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Applicant Name (Print): _____

Producer Name: _____

Applicant Signature & Date: _____

Producer Address: _____
