



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	<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum		
Fire divisions in buildings	<input type="checkbox"/> Y <input type="checkbox"/> 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 Employed Contracted

Days/week _____ Contracted provide certs? Y N Payroll for employed \$ _____

Gated Access Y N

How is access obtained? _____ Who is given access? _____

Alarm System Y N

In each Unit? Y N Who monitors the alarm? _____

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 3rd floor Y N

RECREATIONAL FACILITIES

Pools / Spas / Jacuzzis N/A

Number of : Pools _____ Spas _____ Jacuzzis _____

Does each pool have:

Fence w/self-latching gate	<input type="checkbox"/> Y <input type="checkbox"/> N	Lifesaving equipment available	<input type="checkbox"/> Y <input type="checkbox"/> N
Pool rules posted	<input type="checkbox"/> Y <input type="checkbox"/> N	Deep end roped off from shallow end	<input type="checkbox"/> Y <input type="checkbox"/> N
Lifeguard(s)	<input type="checkbox"/> Y <input type="checkbox"/> N	Posted "Swim at your own risk"	<input type="checkbox"/> Y <input type="checkbox"/> N
Underwater lighting	<input type="checkbox"/> Y <input type="checkbox"/> N	Hand rails at steps	<input type="checkbox"/> Y <input type="checkbox"/> N
Depth clearly marked	<input type="checkbox"/> Y <input type="checkbox"/> N	Maximum depth _____	
Diving Board(s)	<input type="checkbox"/> Y <input type="checkbox"/> N	Height: _____	Water Depth: _____
Slide(s)	<input type="checkbox"/> Y <input type="checkbox"/> N	Height: _____	Water Depth: _____

Who maintains the pool / spa / jacuzzi? _____

Lakes / Ponds N/A

Number of Lakes/Ponds _____	Acreage _____	Fenced <input type="checkbox"/> Y <input type="checkbox"/> N
Fishing permitted <input type="checkbox"/> Y <input type="checkbox"/> N	Boating permitted <input type="checkbox"/> Y <input type="checkbox"/> N	
Swimming beach <input type="checkbox"/> Y <input type="checkbox"/> N	Swimming area roped off <input type="checkbox"/> Y <input type="checkbox"/> N	
Use rules posted <input type="checkbox"/> Y <input type="checkbox"/> N	Posted "Swim at your own risk" <input type="checkbox"/> Y <input type="checkbox"/> N	
Lifeguard(s) <input type="checkbox"/> Y <input type="checkbox"/> N	Lifesaving equipment available <input type="checkbox"/> Y <input type="checkbox"/> N	
Diving Board(s) <input type="checkbox"/> Y <input type="checkbox"/> N	Height: _____	Water Depth: _____
Slide(s) <input type="checkbox"/> Y <input type="checkbox"/> N	Height: _____	Water Depth: _____
Raft(s) <input type="checkbox"/> Y <input type="checkbox"/> N	Size: _____	Water Depth: _____
Boat Docks <input type="checkbox"/> Y <input type="checkbox"/> 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: _____