

HABITATIONAL SUPPLEMENTAL APPLICATION

Applicants Name: _____ Producer: _____
Location Address: _____ City: _____ Zip: _____
Apartment: [] Condominium: [] Townhomes: [] HOA: []

Submissions must include ACORD Application, 5 years of currently valued loss runs, SOV in excel with COPE info including square footage & number of units per building, and Site Plan including distances between buildings.

Occupancy

Subsidized Housing [] Yes [] No If Yes, Sect. 8: _____% Sect. 42: _____% LIHTC-Tax credit: _____%
Student Housing [] Yes [] No If Yes, _____% Graduate: _____% Married: _____%
Exclusive for over age 55 [] Yes [] No If Yes, Please describe in detail _____
Assisted Living Facility [] Yes [] No Nursing Home Facility: [] Yes [] No
Are tenants required to obtain insurance? [] Yes [] No If Yes, what is the minimum limit of liability required? _____
Does manager/owner live on premises? [] Yes [] No

General Information

1. Number of years owned: _____ If less than 3 years, Number of years prior industry experience: _____
2. Number of buildings: _____ Number of detached Garages/Carports: _____
3. Number of Units: _____ Occupancy %: _____
4. Average monthly Apt Rent/Unit: studio _____ 1 bedroom _____ 2 bedroom _____ 3 bedroom _____
5. Are there any Mercantile, Office or Other Occupancies? [] Yes [] No Sq. Ft. _____
Describe Occupancies: _____
6. Who performs the day to day property management? [] Owner [] Employee [] Property Manager: Name _____

Building Information

7. Construction: [] Frame [] Joisted Masonry [] Noncombustible [] Masonry Noncombustible [] Fire Resistive
8. Year Built: _____ Number of Stories: _____
9. Is the exterior covered with? [] Brick Veneer [] Wood Shake [] EIFS [] Dryvit [] Vinyl siding [] Aluminum siding
10. If building is over 25 years old:
a) Has HVAC been updated? [] Yes [] No Year _____
b) Has Plumbing been updated? [] Yes [] No Year _____
c) Has Wiring been updated? [] Yes [] No Year _____
d) Has Roofing been replaced? [] Yes [] No Year _____
Type of Roof: [] Asphalt/Composition shingle [] Wood Shake shingle [] Tile (clay) [] Tile (concrete)
[] Flat (membrane) [] Flat (tar & gravel) [] Metal [] Other
e) Has building been Gut Rehabbed? [] Yes [] No Year _____
11. Are circuits protected by Circuit Breakers? [] Yes [] No
12. Are there any fuses? [] Yes [] No
13. Any aluminum wiring other than main feeds? [] Yes [] No
If yes, has retrofitting been done by a licensed electrician? [] Yes [] No
Corrective method used: [] COPALUM crimp [] AlumiConn [] CO/ALR Devices [] Pigtails
14. Is building Sprinklered? [] Fully [] Partial [] Yes [] No % _____
a) Sprinkler Alarms? [] Local [] Central Station [] Yes [] No
15. Smoke/Fire Alarms? [] Local [] Central Station [] Manual [] Automatic [] Yes [] No

16. Smoke Detectors in units: Battery Operated Hard Wired Hard Wired w/Battery Backup
 17. Smoke Detectors in common areas: Battery Operated Hard Wired Hard Wired w/Battery Backup N/A
 18. Do individual units have: Wood burning Fireplaces Gas Fireplaces Wood burning stoves N/A
 If present, is there a program for annual flue/chimney cleaning? Yes No
 19. Is grilling permitted on balconies or patios within 15 feet of buildings? Yes No
 20. Are there stove-top fire suppression systems in each unit? Name: _____ Yes No

Liability Information

21. If over 3 stories, are there 2 exits from All Floors or Enclosed Stairwells? Yes No
 22. If over 3 stories, are there self-closing/locking fire doors on each floor? Yes No
 23. If over 6 stories, is there a water standpipe for the building? Yes No
 24. Is there emergency lighting in hallways and stairwells? Yes No
 25. Are there illuminated exit signs? Yes No
 26. Is there a Swimming Pool? If yes, how many? # _____
 If yes, is there a diving board? Yes No
 If yes, is pool fenced with self-closing and self-latching gates? Yes No
 If yes, is lifesaving equipment present at pool side? Yes No
 If yes, is the pool depth clearly marked? Yes No
 If yes, is pool restricted to tenants & guests? Yes No
 27. Is there a Security Guard on premises? Part Time Full Time
 If yes, is the Security Guard armed? Yes No
 If yes, is the Security Guard an independent contractor? Yes No
 If independent contractor, are Certificates of Insurance obtained? Yes No
 If independent contractor, is applicant named as additional insured on their policy? Yes No
 28. Are Contractors used for maintenance, snow removal, landscaping, etc.? Yes No
 If yes, are Certificates of Insurance obtained? Yes No
 If yes, is applicant named as additional insured on their policy? Yes No
 If yes, are minimum limits of \$1M/\$2M required? Yes No
 29. Are there any Solar Panels on the premises? Yes No
 30. Does the insured have any owned automobiles? Yes No
 If yes, do you have a separate automobile policy? Yes No
 31. Do your employees use their own automobiles on company business on a regular basis? Yes No

NOTICE TO APPLICANTS: 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. These representations are important and are relied upon by us in our underwriting determinations. Any inaccuracy in this information could be considered misrepresentation.

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 may subject such person to criminal and civil penalties.

Insured's Signature & Title

Date

Producer's Signature