



HABITATIONAL SUPPLEMENT

(Include Acord Application)



Applicant/Named Insured: _____

Mailing Address: _____

Website Address: _____ Phone: _____ Fax: _____

Policy Number: _____

1. **Contact Person** (Owner/Manager): _____ Phone: _____

2. **Location street address, city, county, state and zip code** (if more than 4 locations, attach separate schedule):

Location #1: _____

Location #2: _____

Location #3: _____

Location #4: _____

3. Occupancy

a. Type of Risk: Condominium Townhouse Homeowner Apartment Timeshare
 Hotel / Motel (Receipts: \$ _____)

b. Is this a master condo association? Yes No

c. Is this part of a master condo association? Yes No

4. Fire Protection and Security Information

a. Sprinkler system Common areas Trash chutes All units 100%

b. Working standpipes/hoses on every floor? Yes No

c. Central station fire alarm? Yes No

d. Smoke detectors in each living unit? Yes No If yes, select type: Battery Hardwired

e. Fire Extinguishers: In each unit? Yes No In common areas? Yes No

f. Separation between buildings? Yes No If yes, distance between buildings: _____

g. Is security provided? Yes No If yes, Patrol Gated Access Alarm System

24-hour security? Yes No

Type of security personnel: Armed Unarmed

Employee Payroll: \$ _____

Independent/Contracted Cost: \$ _____

If security is Independent/Contracted, are certificates required? Yes No

h. If gated, is the entire complex fenced? Yes No

How is access obtained? _____

Who is given access? _____

i. If alarm system, who monitors the system? _____

Are alarm systems in every unit? Yes No

5. General Information

- a. Number of bedrooms (check all applicable): 1 2 3 Other: _____
- b. Monthly rent per unit: _____
- c. Peep holes in each unit door? Yes No
- d. Dead bolts in each unit door? Yes No
- e. Non-slip surface in all tub/shower areas? Yes No
- f. Electric door with card key system used? Yes No
- g. If multiple buildings, what is the separation between buildings? _____ feet
- h. Type of roofing: Asphalt Composition Wood shake/shingle Other: _____
- i. If there have been any water damage claims within the past three (3) years, has the insured taken protective safeguards to ensure this doesn't happen again? Yes No
If yes, describe: _____
- j. Has applicant received any claims for wrongful eviction in the past five (5) years? Yes No
If yes, how many of these claims were paid? _____ Provide details: _____
-
- k. Does applicant own or have maintenance responsibility for any streets or roads? Yes No
If yes, # of miles: _____
- l. Are any streets and/or roads used by public as through streets? Yes No
If yes, maximum posted speed limit: _____ mph
- m. Does applicant own or operate any of the following:
- Electric utility? Yes No
- Gas utility? Yes No
- Sewer utility? Yes No
- Water utility? Yes No
- Refuse or garbage dump (or landfill)? Yes No
- Garbage or refuse collection? Yes No
- Other: _____
- n. Does applicant own, operate or lease any commercial operations?
- Laundry / Dry Cleaning? Yes No If yes, Sq. Footage: _____ or Gross Sales: _____
- Convenience Store? Yes No If yes, Sq. Footage: _____ or Gross Sales: _____
- Restaurant? Yes No If yes, Sq. Footage: _____ or Gross Sales: _____
- Other? _____ Sq. Footage: _____ or Gross Sales: _____
- o. Is there onsite valet parking? Yes No
If yes, type of valet staff: Employees Outside Firm *

* If Outside Firm, a Certificate of Insurance naming applicant as an Additional Insured must be provided.

6. Recreational Facilities

- a. Are there lakes on the property? Yes No If yes, provide total acreage: _____
Boat ramps? Yes No If yes, provide receipts: _____
Boat docks/slips? Yes No If yes, # of slips: _____
Boat rentals? Yes No If yes, # of boats: _____ Receipts: _____
Powered boats allowed on lake? Yes No
Personal watercraft allowed on lake? Yes No
Diving platforms (permanent or floating)? Yes No

Provide details of all boat rentals: _____

List permitted lake activities: _____

- b. Any dams? Yes No
If yes, provide inspection report and pictures of dam (include downstream exposure).
- c. Any bike paths? Yes No If yes, # of miles: _____
- d. Any motorcycle or ATV trails? Yes No If yes, # of miles: _____
- e. Any club houses? Yes No If yes, total square footage: _____
- f. Any exercise or weight rooms? Yes No If yes, # of rooms: _____
- h. Any picnic areas? Yes No If yes, # of areas: _____
- i. Any golf courses and/or driving range? Yes No If yes, provide details: _____

- j. Any horse: Pasturing? Yes No Rental? Yes No
Stables? Yes No Riding Ring? Yes No
Trails? Yes No If yes, miles of riding trails: _____

- k. Are there any swimming pools? Yes No **(If yes, answer the remaining questions in 6.k.)**
Pool hours: _____
How many pools? _____
Diving boards? Yes No If yes, provide height: _____
Slides? Yes No If yes, provide height: _____
Underwater lighting? Yes No
Steps into shallow end with handrails? Yes No
Do pool(s) have sloped entry present? Yes No

Are any ADA lifts installed? Yes No

If yes:

Are lift(s): Fixed or Non-Fixed

Are special life jackets provided? Yes No

Who is responsible for operating lift? _____

Describe operator training and lift maintenance procedures: _____

If no ADA lift(s), do you have plans to install? Yes No

Is pool area completely surrounded by walls or fencing with self-closing / self-latching gate? Yes No

If yes, provide height of wall and/or fence: _____

Do any doors open directly into the pool area? Yes No

Are depth markings clearly shown? Yes No

Do drain covers meet or exceed all codes, Acts or regulations? Yes No

Are warning signs and rules posted in accordance with local statutes and clearly visible? Yes No

Is rescue equipment, including a ring buoy and 12 foot shepherd's hook, available at poolside? Yes No

Pool maintained by: Applicant Outside Contractor

Lifeguards provided by: Applicant Pool Management Company Other _____

Does applicant sponsor: Swim teams? Yes No If yes, how many? _____

Swim contest? Yes No If yes, provide total # of days: _____

l. Number of: Basketball Courts: _____ Racquetball Courts: _____ Tennis Courts: _____

Handball court rooms: _____ Playgrounds or parks: _____ Saunas: _____ Spas: _____

m. Are any of the previous recreational facilities (a. through l.) available to the public? Yes No

If yes, provide explanation and include receipts: _____

7. Renovations and/or Recent Updates (provide information on additional locations on separate page)

Type of Update	Year of Update or Renovation			
	Location #1	Location #2	Location #3	Location #4
Electric				
HVAC				
Plumbing				
Roof				
Other:				

8. Description of Location(s) (provide information on additional locations on separate page)

* **Occupancy Type:** **A** = Apartment Building **F** = Dwelling / Three Family **K** = Hotel
B = Garden Apartments **G** = Dwelling / Four Family **L** = Condominium
C = Apartment – Hotel / Timeshare **H** = Boarding or Rooming House **M** = Townhome
D = Dwelling / One Family **I** = Fraternity / Sorority House **N** = HOA
E = Dwelling / Two Family **J** = Motel

** **Construction type:** **F** = Frame (including corrugated metal, stucco & non-combustible) **JM** = Joisted Masonry / Brick
MFR/FR = Modified Fire Resistive / Fire Resistive **MNC** = Masonry Non-Combustible

Description	Location #1	Location #2	Location #3	Location #4
Years owned by insured				
Occupancy type * (see list above)				
Construction type ** (see list above)				
Year built				
# of stories				
# of total units / buildings	/	/	/	/
# of units owned by developer				
Total square feet				
Is manager 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
Monthly rent charged (low – high)	\$ to \$	\$ to \$	\$ to \$	\$ to \$
% of units owner-occupied				
% of units vacant				
% long term (more than 30 days)				
% short term (less than 30 days)				
Who handles rentals? A = Association, U = Unit Owner	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:
Does association receive rental revenue? If yes, provide annual revenue	<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 \$
% of units rented to others				
% of units subsidized				
% of units rent-controlled				
% of student renters				
Is location a retirement and/or elderly facility? If yes, is medical assistance offered? Any emergency pull cords or buttons?	<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 <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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Is location an assisted living facility?	<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
Wiring type: <u>C</u> opper, <u>A</u> luminum, <u>P</u> igtailed	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P
Do fire walls separate buildings?	<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
If > 3 stories, are interior stairways equipped with self closing/locking fire doors on each floor?	<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
Type of heating system				
If space/portable heating: is it UL electric, Kerosene, vented gas or unvented gas?				
Any wood burning stoves or fireplaces? If yes, date of last inspection/cleaning:	<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
Is location on historical register (local, county, state, national)?	<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
Any carports?	<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
Any fences?	<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
Protection class:				

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.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

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 may be guilty of a crime and may be subject to fines or confinement in 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 policyholder 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 NEW YORK APPLICANTS:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Applicant Name

Applicant Signature

Date

Producer Name

Producer Signature

Date