



## Habitational/Apartment Supplemental Application

### APPLICANT INFORMATION

**Instructions:** All questions must be answered. This application **must be signed and dated by an owner, officer, or partner**. Read carefully the statements at the end of this application.

1) Name of Applicant:			
2) Mailing Address:			
3) Location Address:			
4) The Applicant is:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Other (describe)
5) Desired Policy Period:			
6) Limits Desired:	Each Occurrence: \$	Aggregate Limit:\$	

### OCCUPANCY

Low income	%	Occupancy Rate:	%
Student	%	Number of Units/Rooms:	
Low income	%	Number of Floors/Stories:	
Subsidized	%	Average Monthly Rent/Unit:	
Elderly	%		

### MANAGEMENT & CONSTRUCTION

Does the insured own and manage the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the insured a manager only? If yes, years of experience:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a resident manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the insured responsible for maintenance of the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If subcontracted out, are certificates of insurance required and records kept?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a schedule for inspections and maintenance of all facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any aluminum wiring in buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, has it been repaired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe repairs:

Age of building:

Construction type:

If older than 20 yrs, dates updates were done: Wiring      Roofing      Plumbing      Heating

### CHILD CARE OPERATIONS

Is there a daycare, babysitting or after school program operated on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the daycare operated by the insured or independent company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If independent company, are certificates of insurance requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional insured status granted to the insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### POOLS

Are the pools fenced with self latching gates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diving boards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifeguards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depth adequately marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the rules adequately posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Controlled hours of operations and use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Open to tenants and guests only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### PLAYGROUNDS

Is there a playground on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the square feet?		
Describe equipment:		

**PROTECTION**

Are there smoke detectors in each unit? How often checked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Type of smoke detector:		
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Fire alarms? If yes, are they central station?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is the building sprinklered? If yes, what percentage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Two means of egress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are there fire doors or panic hardware?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**SECURITY**

Are security guards employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are they armed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Employees of insured or subcontracted out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If subcontracted out, are certificates of insurance required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are subcontractors required to have limits equal to or greater than the insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is the insured granted additional insured status under the subcontractors policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are there deadbolt locks on all entry doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are there peep holes on all entry doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are keys coded and adequately protected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has the complex been demastered (NO MASTER KEY SYSTEM)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Exterior lights: building and parking determined to be adequate by police/security firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are background checks required on all new tenants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**LOSS HISTORY**

Previous general liability carrier:		
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Have owner, officer or partner filed bankruptcy in the last 5 years? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Within the past 3 years, has the applicant had any general liability claims (whether insured or not)? If yes, provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Within the past 3 years, has the applicant had any assault and battery claims? If yes, provide dates, description, status of claims:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**FRAUD STATEMENT**

**Any person who knowingly and with the 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.**

**WARRANTIES**

I hereby apply for a policy of insurance as set forth in the application and I warrant and certify that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby warrant and certify that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**