

HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE

(Acord Application required in addition to supplemental)

1. Name of Applicant: _____
2. Mailing Address: _____
3. Contact Person (Owner/Manager): _____ Phone #: (_____) _____ - _____
4. Applicant is : Individual Corporation Partnership Joint Venture Other: _____
5. Location Name, Street Address, City, County, State, Zip Code (If more than 4 locations, attach schedule of locations)

Location # 1: _____

Location # 2: _____

Location # 3: _____

Location # 4: _____

6. Fire Protection and Security Information

- | | |
|--|--|
| <ol style="list-style-type: none"> a. Sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No All Units? <input type="checkbox"/> Yes <input type="checkbox"/> No Common areas only? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Smoke Detectors in each unit? <input type="checkbox"/> Yes <input type="checkbox"/> No Hardwire <input type="checkbox"/> Yes <input type="checkbox"/> No Battery <input type="checkbox"/> Yes <input type="checkbox"/> No Hallway leading to bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Fire Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> No In each unit? <input type="checkbox"/> Yes <input type="checkbox"/> No In common areas? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Separation between buildings <input type="checkbox"/> Yes <input type="checkbox"/> No Distance between buildings: _____ | <ol style="list-style-type: none"> e. Is Security Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access <input type="checkbox"/> Alarm systems 24 hour security <input type="checkbox"/> Yes <input type="checkbox"/> No Armed <input type="checkbox"/> Yes <input type="checkbox"/> No Unarmed <input type="checkbox"/> Yes <input type="checkbox"/> No Independent/Contracted <input type="checkbox"/> Yes <input type="checkbox"/> No Employee <input type="checkbox"/> Yes <input type="checkbox"/> No If Employee, provide payroll \$ _____ f. If gated, is the entire complex gated <input type="checkbox"/> Yes <input type="checkbox"/> No How is access obtained? _____ Who is given access? _____ g. If Alarm system, Who Monitors system: _____ Are alarm systems in every unit? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

7. General Information

- a. If there have been any water damage claims within the past three (3) year – has the insured taken protective safeguards to ensure this does happen again? Yes No
 If yes, describe: _____
- b. Has applicant received any claims for wrongful eviction in the past 5 years? Yes No
 If yes, how many of these claims were paid? _____ provide details: _____

- c. Are any of the applicant's properties subject to rent control laws? Yes No

8. Recreational Exposures

- a. Swimming Pool(s) Yes No
- Diving boards Yes No
- If yes, Height: _____
- Slides Yes No
- Underwater lighting Yes No

- Steps into shallow end with handrails Yes No
- Is the pool area completely surrounded by building walls or fenced Yes No
- If yes, provide height of wall and/or fence: _____
- Are gates or doors opening into the pool area equipped with a self-closing/self-latching device Yes No
- Is the depth marking clearly shown Yes No
- Are warning signs and rules posted and clearly visible Yes No
- Is rescue equipment, including a ring buoy and 12 foot shepherd's hook available at poolside Yes No
- Is pool maintained by Applicant Outside Contractor
- Are lifeguards provided by: Applicant Pool Management Company Other _____

- b. Number of:
- Playgrounds: _____ Tennis Courts: _____ Racquetball Courts: _____
- Basketball Courts _____ Volleyball Courts: _____ Baseball Fields: _____
- Acres of lakes/ponds _____ Boat Slips: _____ Other: _____

9. Renovations and/or Recent Updates (for information on additional location please attach a separate page)

Year and Type of Update	Location # 1	Location # 2	Location # 3	Location # 4
Electric				
HVAC				
Plumbing				
Roof				
Other				

10. Description of Location(s) (for information on additional location please attach a separate page)

Use alpha code listed for type of Occupancy:

- A – Apartment Bldg
- B – Garden Apartments
- C – Apartment – Hotel or Time Share
- D – Dwelling / One Family
- E – Dwelling / Two Family
- F – Dwelling / Three Family
- G – Dwelling / Four Family
- H – Boarding or rooming house
- I – Fraternity or Sorority House
- J – Motel
- K – Hotel
- L - Condominium

Description	Location # 1	Location # 2	Location # 4	Location # 4
Years owned by Insured				
Type of occupancy (see list above)				
Type of construction				
Year Built				
Number of stories				
Number of total units and buildings	/	/	/	/
Total square feet				
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 per unit				
<input type="checkbox"/> 1 Br. <input type="checkbox"/> 2 Br. <input type="checkbox"/> 3 Br. <input type="checkbox"/> Other _____				
% of units occupied				
% of units owner occupied				
% of building owner occupied				
% of units rented to others				
% of units Subsidized				
% of Student renters				
Is build. a retirement and/or elderly 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
If yes, are there any medical assistance offered	<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 yes, are there 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
Is bldg. 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 – copper – aluminum – pigtailed	<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
Fire Walls separating 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
Any wood shake shingle roofs	<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

Description	Location # 1	Location # 2	Location # 4	Location # 4
Type of heating system				
If space/portable heating is it UL electric, Kerosene, vented gas, or un-vented gas?				
Any wood burning stoves or fireplaces				
If yes, last time inspected/cleaned?				
Is this on a historical Register – Local, County, State or National?				
Any car ports?	<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				

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer: _____

Signature: _____

Signature: _____

Date: _____

Date: _____