

**Habitational
Supplemental Application**
(Complete in addition to ACORD)

1. Name of Applicant: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Website Address: _____
2. Proposed Policy Period: From: _____ To: _____ 12:01 AM Standard time
3. Applicant is: Individual Corporation Partnership Joint Venture Other Describe: _____
4. Property Location: _____

OCCUPANCY INFORMATION:

5. Identify Occupancy (Apartments, Rooming House, 1- 4 Family Dwellings, Assisted Living):
Identify % of: Assisted Living _____ % Student _____ % Subsidized _____ % General population _____ %
6. Are there any commercial tenants? Yes No
If so, provide square footage: _____
Describe their operations: _____
7. Are they required to carry their own Commercial General Liability coverage? Yes No
8. Is this property Owned or Managed? Owned Managed
Is the Manager on the premises? Yes No
Provide the name and phone number of the Management Contact:
Contact Name: _____ Contact Phone: _____

BUILDING INFORMATION:

9. Year Built _____ Year Purchased by the Insured: _____ # of Stories: _____ # of Units: _____ # of Buildings _____
10. Are the buildings equipped with a sprinkler system? Yes No Full Partial
11. Are there emergency pull cords located in the units? Yes No
If yes, who does the monitoring? _____
12. Types of Systems:
Heating _____ Last date maintained? _____
A/C _____ Last date maintained? _____
Plumbing _____ Last date maintained? _____
13. Age of Roof? _____ Type of Roof? _____
14. Each Unit equipped with:
Smoke Detectors: Yes No Hard wired: Yes No Battery: Yes No
CO₂ Detectors: Yes No Hard wired: Yes No Battery: Yes No
Type of Wiring: _____ If Aluminum wiring, was it updated? Yes No
15. Is the entire complex fenced? Yes No
16. Do the entrances and exits have gates? Yes No

SWIMMING POOLS:

17. # of Pools _____
of Diving Boards _____ Height: _____
of Slides _____ Height: _____
18. Are the pools/Spas in compliance with the Virginia Graeme Baker Pool and Spa Act? Yes No
19. Is the pool fenced in? Yes No

- 20. Are gates equipped with self-latching devices? Yes No
- 21. Clear depth markings? Yes No
- 22. Are rules and warnings signs posted? Yes No
- 23. Is there rescue equipment available poolside? Yes No
- 24. Is pool maintenance contracted out? Yes No
If yes, are Certificates of Insurance on file? Yes No
- 25. Are lifeguards provided? Yes No
If yes, are Certificates of Insurance on file? Yes No

SPECIAL EXPOSURES:

- 26. Beaches/Lakes/Ponds Yes No
If yes, please describe: _____

- 27. Clubhouse Yes No
- 28. Parks or Athletic Fields Yes No
- 29. Volleyball or Tennis Courts Yes No
- 30. Fitness Center Yes No
- 31. Dock, Pier or Boat Slips Yes No
If yes, please describe: _____

- 32. Tanning beds Yes No
- 33. Playground equipment Yes No
- 34. Is there a Day Care located in the complex? Yes No
- 35. Are there guidelines regarding pets? Yes No

SECURITY:

- 36. Do you provide security guards? Yes No
Armed or unarmed? Armed Unarmed
Days/Hours of Patrol: _____
Are they employees? Yes No
If subcontracted, do they name you as an Additional Insured? Yes No
Are there Certificates of Insurance on file? Yes No
- 37. Are there security cameras or video surveillance on the premises? Yes No
- 38. Do the guards keep logs of any activity? Yes No
- 39. Do you perform background checks on all your employees? Yes No

MAINTENANCE:

- 40. Are there written procedures for inspections of your premises? Yes No
If so, how often do you inspect? _____
- 41. Do you keep written logs of all maintenance/repairs? Yes No
- 42. Do you have written procedures for responding to tenant complaints? Yes No
Do you keep written logs of all complaints? Yes No

SNOW PLOWING:

- 43. Who is responsible for snow plowing? _____
- 44. If subcontracted, do they name you as an Additional Insured? Yes No
- 45. Are there Certificates of Insurance on file? Yes No

Applicant's Signature

Date

Title

Producing Agent