

# Habitational Risks Supplement Application Form

All questions must be answered in full. Application must be signed and dated by the applicant.

## Applicant information

Name

Mailing address

Proposed effective date from to 12:01 A.M., Standard Time  
(at the address of the Applicant)

Is applicant a Real Estate or Property Management company? If yes, please contact your underwriter before completing this application. Yes No

Does insured have any other operations other than ownership of the building under entity name? Yes No

During the past three years, has any company ever canceled, non-renewed, declined or refused similar insurance to the applicant? Yes No

If yes, explain

How long has applicant been in business? Years

## Individual property information

### 1. Property locations

Location no.	Address	City	State	Zip Code
1				
2				
3				
4				
5				

### 2. Type of occupancy key for below questions (if multiple types of occupancy list all that apply)

A—Apartment Building	I—Timeshare	Q—Dwelling/Two Family
B—Garden Apartments	J—Vacation Rentals	R—Dwelling/Three Family
C—Apartment Hotel	K—Senior Housing	S—Dwelling/Four Family
D—Halfway Home	L—Assisted Living/Nursing/Convalescent	T—Dwelling Owner Occupied
E—Homeless/Transition Shelter	M—Fraternity/Sorority (Academic)	U—Subsidized/Low Income
F—Hostel	N—Fraternity/Sorority (Non-Academic)	V—Treatment/Recovery Center
G—Boarding Or Rooming House	O—Student Housing	W—Temporary Housing
H—Mobile Home	P—Dwelling/One Family	

### 3. General information

Provide detail per location	Location 1		Location 2		Location 3		Location 4		Location 5	
Type of occupancy*:										
Occupancy rate:										
Leases allowed for less than 6 months?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
If mobile home, is it tied down?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Number of beds for Hostel, Boarding or Rooming House:										
Years owned:										
Year built:										
No. stories:										
If over two stories is there a second mean of egress from each floor?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
No. units—total:										
No. buildings:										
Total square feet:										
Manager on premises:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
If occupancy is other than habitational, please describe the occupancy and square footage:										
Vacant?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
If yes, percent of vacancy:										
Building(s) condemned or scheduled for demolition:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Are any pets allowed?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
If yes, what are restrictions on breeds?										
Do you rent or lease the property to any fraternal organization, sorority, club, or other social organization?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

**Any current or prior housing violations?**      Yes      No      **If yes, please explain and list which properties:**

### 4. Updates and renovations (put N/A in the year if non applicable)

Does insured have any renovations planned during the policy term?      Yes      No

If Yes, please provide detail:

Provide detail per location	Location 1	Location 2	Location 3	Location 4	Location 5
Has the roof been updated: Was it partial or full:	Year: Partial Full	Year: Partial Full	Year: Partial Full	Year: Partial Full	Year: Partial Full
Has the wiring been updated? Was it partial or full:	Year: Partial Full	Year: Partial Full	Year: Partial Full	Year: Partial Full	Year: Partial Full
Aluminum/fuses/knob & tube:	Yes No	Yes No	Yes No	Yes No	Yes No
If Aluminum is it pigtailed:	Yes No	Yes No	Yes No	Yes No	Yes No
Breaker box/romex and Co/ALR, Copalum, Alumicon Wiring Devices:	Yes No	Yes No	Yes No	Yes No	Yes No
Federal Pacific Electric (FPE)/Stab- Lok Breakers:	Yes No	Yes No	Yes No	Yes No	Yes No
Sylvania-Zinsco Electrical Panel:	Yes No	Yes No	Yes No	Yes No	Yes No
Split Bus Electrical Panel:	Yes No	Yes No	Yes No	Yes No	Yes No
Has the HVAC been updated? Was it partial or full:	Year: Partial Full	Year: Partial Full	Year: Partial Full	Year: Partial Full	Year: Partial Full

## 5. Fire protection

Provide detail per location	Location 1	Location 2	Location 3	Location 4	Location 5
Sprinklered:	All units Common area only N/A	All units Common area only N/A	All units Common area only N/A	All units Common area only N/A	All units Common area only N/A
Fire extinguishers:  How often serviced?	All units Common area only N/A	All units Common area only N/A	All units Common area only N/A	All units Common area only N/A	All units Common area only N/A
CO2 detectors:?	Yes No	Yes No	Yes No	Yes No	Yes No
Smoke detectors in each unit:	Hardwire Battery N/A	Hardwire Battery N/A	Hardwire Battery N/A	Hardwire Battery N/A	Hardwire Battery N/A
Central station alarms?	All units Common area only N/A	All units Common area only N/A	All units Common area only N/A	All units Common area only N/A	All units Common area only N/A
Is there a wood burning stove or fireplace:	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, check all that apply:	Spark arrestor Cleaned regularly Damper Functional	Spark arrestor Cleaned regularly Damper Functional	Spark arrestor Cleaned regularly Damper Functional	Spark arrestor Cleaned regularly Damper Functional	Spark arrestor Cleaned regularly Damper Functional

## 6. Security protection

Provide detail per location	Location 1		Location 2		Location 3		Location 4		Location 5	
Are locks changed/re-keyed when residents vacate the premises?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Are background checks run on employees:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Does management advise residents of all criminal activity that has taken place on the properties? If yes, how is this done?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Is this information provided to prospective renters if requested?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Is gated access provided? If yes, hours per day:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Is entire complex gated?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Call buttons in units:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Pull cords in units:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Deadbolts in units:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Door viewer or peephole in front doors in units:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Window locks/bars in units:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
If yes, do they have quick releases?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	N/A		N/A		N/A		N/A		N/A	

**Has there been any criminal activity at any property (include prior to ownership)?** Yes No

**If yes, explain and which location:**

**Are premises patrolled?** Yes No

**If yes, please answer the following questions:**

Provide detail per location	Location 1		Location 2		Location 3		Location 4		Location 5	
Number of armed guards:										
Number of unarmed guards:										
Are guards employees, independent contractors, or courtesy guards?	Employee Ind. Contractor Courtesy Guards		Employee Ind. Contractor Courtesy Guards		Employee Ind. Contractor Courtesy Guards		Employee Ind. Contractor Courtesy Guards		Employee Ind. Contractor Courtesy Guards	
If independent contractor, are certificates of insurance required?	Yes No N/A		Yes No N/A		Yes No N/A		Yes No N/A		Yes No N/A	
If independent contractor, is applicant named as additional insured on their policy?	Yes No N/A		Yes No N/A		Yes No N/A		Yes No N/A		Yes No N/A	
Security twenty-four (24) hours?	Yes No		Yes No		Yes No		Yes No		Yes No	
Are guards responsible for residents' safety and/or complex/amenities?	Yes No		Yes No		Yes No		Yes No		Yes No	

## 7. Swimming Pool(s): If applicable

Provide detail per location	Location 1	Location 2	Location 3	Location 4	Location 5
Number of swimming/wading pools/hot tubs:					
Number of diving boards/platforms:					
Height of diving boards/platforms:					
Number of slides:	# Height	# Height	# Height	# Height	# Height
Pool completely surrounded by building walls or fence?	Yes No	Yes No	Yes No	Yes No	Yes No
Equipped with self-closing and self-latching gates/doors?	Yes No	Yes No	Yes No	Yes No	Yes No
Lifeguards provided?	Yes No	Yes No	Yes No	Yes No	Yes No
Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?	Yes No	Yes No	Yes No	Yes No	Yes No

## 8. Subcontractor(s): If applicable

Provide detail per location	Location 1	Location 2	Location 3	Location 4	Location 5
Janitorial operations:	Employee Contractor	Employee Contractor	Employee Contractor	Employee Contractor	Employee Contractor
Upkeep of sidewalks/driveways:	Employee Contractor	Employee Contractor	Employee Contractor	Employee Contractor	Employee Contractor
Snow/ice removal operations:	Employee Contractor	Employee Contractor	Employee Contractor	Employee Contractor	Employee Contractor

Does Insured have a written contract with all subcontractors that includes a hold harmless and indemnification clause in favor of the Insured? Yes No

Does Insured obtain certificates of insurance from all subcontractors with limits of at least 1mm and provide Additional Insured status for the Named Insured? Yes No

## 9. Other Exposures (mark only applicable ones):

Number of: Baseball field(s)	Horse trails (miles)	Shuffleboard court(s)
Basketball court(s)	Lakes/Ponds (acres)	Spa/Hot tub(s)
Bathing Beaches	Parks (acres)	Stables
Bicycle trails (miles)	Playground(s)	Streets/Roads (miles)
Boat docks/slips	Racquetball court(s)	Tennis court(s)
Clubhouse (sq. ft.)	Saunas	Volleyball court(s)
Hiking trails (miles)	Shooting Ranges	

Boat rental (paddle, canoe and rowboats)? Yes No

If yes: Number:

Are Coast Guard approved flotation devices provided for all passengers? Yes No

Other:

Are any of these exposures available to nonresidents for a fee? Yes No

If yes, annual receipts:

Balconies? Yes No Do balconies meet current building codes? Yes No

Railings regularly inspected? Yes No Are grills allowed on balconies? Yes No

## 10. Loss history:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. **Check if no losses in the last five years**

Insert property location no. below	Date of loss	Description of loss	Amount paid	Amount reserved	Claim status (open or closed)
					open closed
					open closed
					open closed
					open closed
					open closed
					open closed

## Form information

State specific fraud statements	
Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	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 claimant 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.
District Of Columbia	It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Louisiana	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 is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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 is guilty of a crime and may be subject to civil fines and criminal penalties.

New York	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.
Ohio	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.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
Pennsylvania	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 subjects such person to criminal and civil penalties.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits." The lack of a statement required in this section does not constitute a defense in any criminal prosecution nor any civil action.
West Virginia	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 is guilty of a crime and may be subject to fines and confinement in prison.

## Applicant's warranty statement

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

Signature of applicant: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.**

Signature of retail agent: \_\_\_\_\_ Date: \_\_\_\_\_