



Habitational Supplemental Questionnaire
(Apartments, Hotels, Motels, Dwellings)
(Complete in Addition to Acord Application)

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)

Applicant's Name: _____ Agents Name: _____

Mailing Address: _____ Address: _____

Proposed Effective Date:
 From: _____ To: _____

Applicant is: Individual Corporation Partnership Joint Venture Other

Property Locations:
 Location Name, Street Address, City, County, State, Zip Code

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

A. FIRE PROTECTION

| | | | |
|---|--|------------------------|--|
| 1. Sprinklered? Common Areas Only? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO | All Units? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Smoke Detectors in each unit? Hallway leading to bedroom? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO | Hard Wired or Battery? | _____ |
| 3. Fire Extinguishers in common areas? Annual Contract for Inspection? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO | In each unit? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Carbon Monoxide (CO) Detectors in each unit? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Hard Wired or Battery? | _____ |
| 5. How many feet between buildings? | _____ | | |

B. SECURITY

| | |
|---|--|
| 1. Is Security Provided? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. What Type? | <input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access <input type="checkbox"/> Alarm Systems |
| 3. If Patrol, please answer the following questions: | |
| a. <input type="checkbox"/> Armed or <input type="checkbox"/> Unarmed | |
| b. <input type="checkbox"/> Independent Contractor or <input type="checkbox"/> Employee | |
| c. If employee - what is payroll? | _____ |
| d. Days of week? | _____ |
| e. 24 hour security? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Is the premises' including all parking areas lighted? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Is there functioning video surveillance? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Peep Holes in each unit door? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Dead Bolts in each unit door | <input type="checkbox"/> YES <input type="checkbox"/> NO |

C. RENOVATIONS / MOST RECENT UPDATE

| Year and Type of Update | Loc #1 | Loc #2 | Loc #3 | Loc #4 | Loc #5 | Loc #6 |
|-------------------------|--------|--------|--------|--------|--------|--------|
| Roof | | | | | | |
| Plumbing | | | | | | |
| HVAC | | | | | | |
| Electric | | | | | | |
| Other | | | | | | |

D. DESCRIPTION OF LOCATIONS

| | Loc. #1 | Loc #2 | Loc#3 | Loc #4 | Loc #5 | Loc #6 |
|--|-----------------------------|--------|----------------------------------|--------|-----------------|--------|
| Years owned by insured | | | | | | |
| * Type of occupancy | | | | | | |
| * Use alpha code listed for type of Occupancy: | | | | | | |
| A - Apartment Bldg. | D - Dwelling / One Family | | G - Dwelling / Four Family | | J - Motel | |
| B - Garden Apts. | E - Dwelling / Two Family | | H - Boarding or rooming house | | K - Hotel | |
| C - Apartment-hotel Or Time Share | F - Dwelling / Three Family | | I - Fraternity or Sorority house | | L - Condominium | |
| Type of construction | | | | | | |
| Year built | | | | | | |
| Number of stories | | | | | | |
| Number of total units | | | | | | |
| Number of buildings | | | | | | |
| Total square feet | | | | | | |
| Manager on premise? | | | | | | |
| Monthly rent per unit: | | | | | | |
| Apartments: 1 BR | | | | | | |
| 2 BR | | | | | | |
| 3 BR | | | | | | |
| Other | | | | | | |
| Monthly rent per Dwellings: | | | | | | |
| % of units occupied? | | | | | | |
| % of building owner occupied | | | | | | |
| % of units rented to elderly | | | | | | |
| % of units subsidized | | | | | | |
| % student renters | | | | | | |
| Wiring – Copper (or) Aluminum? | | | | | | |
| If Aluminum – Single or Multi-Strand? | | | | | | |
| Fire walls separating buildings? | | | | | | |
| Any wood shake shingle roofs? | | | | | | |
| Type of Heating system? | | | | | | |
| If space or 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? | | | | | | |
| Any fences? | | | | | | |
| Protection class | | | | | | |
| Is building a retirement/elderly facility? | | | | | | |
| If Yes Any medical assistance offered? | | | | | | |
| If Yes Any emergency pull cords or call buttons? | | | | | | |
| Is bldg. an assisted living facility? | | | | | | |
| If > 3 stories are interior stairways equipped with self closing/locking fire doors on each floor? | | | | | | |

E. GENERAL INFORMATION

1. If there have been any water damage claims within the past 3 years - has the insured taken protective safeguards to ensure this does not happen again? YES NO
If yes - please describe:
2. Have you received any claims for wrongful eviction in the past 5 years? YES NO
If yes, please provide details
How many of these claims were paid?
3. Are any of your properties subject to rent control laws? YES NO
4. Do you provide babysitting/child care services? YES NO
5. Have there ever been any assault & battery incidents/claims on this property? YES NO
If yes please describe:
6. If this is a new purchase, have you inquired from the previous owner if there have ever been any assault & battery incidents/claims on this property? YES NO If Yes please explain:
7. Are more than 10 units long term rentals (greater than 30 days)? YES NO
8. What procedures are in place for repair/replacement of broken windows, patio doors, door locks, etc.?
9. Is there a full time maintenance staff on premises or is the work subcontracted out?
10. What is the timeframe for these types of repairs mentioned in 8. above?
11. Is there a pest control contract? YES NO
12. If yes, how often are treatments performed? _____(Monthly, Quarterly, Yearly)
13. Have there been any bed bug incidents/claims on this property? YES NO
14. Are there stairs on the property? YES NO
 - a. Exterior or interior or both?
 - b. Condition of stairs?
 - c. Do stairs have slip resistant material across the length of the stair? YES NO
 - i. If no, please describe stair covering (i.e. carpet, wood, etc).
 - d. Are their handrails on all stairs and balconies? YES NO
 - i. What is the height of the handrail?
15. Any Elevators? YES NO Maintenance Contract YES NO
How often maintained? _____
16. Do all bathtubs have non-slip surfaces and grab bars? YES NO
17. Is applicant currently open for business? YES NO
18. Are more than 10 units long term rentals (greater than 30 days)? YES NO

F. SWIMMING POOLS

- Loc #'s _____ Diving Boards? YES NO If yes, height: _____
 Slides? YES NO Underwater Lighting? YES NO
- Steps into shallow end with handrails? YES NO
1. Is the pool area completely surrounded by building walls or fence? YES NO
If Yes, height: _____
 2. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device? YES NO
 3. Are the depth marking clearly shown? YES NO
 4. Are warning signs and rules posted and clearly visible? YES NO
 5. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook available at poolside? YES NO
 6. Is the swimming pool equipped with suction safety devices as required by US Code annotated, Title 15. Commerce and Trade, Chapter 106, Pool and Spa Safety, Subchapter 8003, Federal swimming pool and spa drain cover standard. YES NO

G. OTHER RECREATIONAL EXPOSURES

Number of:

| | | | |
|-------------------|------------------|----------------------|-------------------|
| Playgrounds | Tennis Courts? | Racquetball courts | Basketball Courts |
| Volleyball courts | Baseball fields? | Acres of lakes/ponds | Boat slips |

Exercise or Weight Rooms? _____ and total square footage (exercise and weight rooms only) _____.

Other: _____

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.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)

I. FRAUD WARNING AND SIGNATURE

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. The Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this Application), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable

in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA. Insurance benefits may also be denied in LA, ME, TN, and VA).

In the District of Columbia, Warning: 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 Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In 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.

Completion of this application does not bind coverage or commit the company to policy issuance.

| | | | |
|--|--|------|--|
| Signature of Applicant: | | | |
| Title of Applicant (Officer/Partner): | | Date | |