



HABPRO HABITATIONAL APPLICATION

Date: _____

Named Insured: _____

Property Location(s):

(Name, Street Address, City, State, Zip Code)

Inspection Contact Name: _____ **Phone #** _____

(Individual must be present for inspection to verify information provided on this application)

MUST ANSWER - Does insured have 3+ years management/ownership experience Yes No

Description of Locations/Operations:

	Location #____	Location #____	Location #____	Location #____
Type of Occupancy				
*Occupancy Key A – Apartment B – Condo C – Condo Resort/Timeshare D – Apartment Hotel/Timeshare E – Multi Family Dwelling				
Years owned by Insured				
Year Built				
Type of Construction (Frame, JM, NC, MNC, MFR, FR)				
Exterior Covering (Brick Veneer, Wood Shake, EIFS, Stucco, Dryvit, Vinyl, Aluminum)				
# of Buildings				
# of Stories				
# of Total Units				
Total Square Feet				
% of Occupancy				
% of Students				
Any direct college or university affiliation?	<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
% of Subsidized Units (Section 8, HUD)				
% of Section 42/67 or other LIHTC units				

Condominiums - # of owner-occupied units				
Condominiums – Are unit owners required to carry HO6 policies?	<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 Mercantile or Commercial exposure?	<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, what type?				
Total Mercantile/commercial Square Footage				
Is building geared towards seniors or elderly?	<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
	<input type="checkbox"/> 55+ Senior Independent Living <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Assisted Living	<input type="checkbox"/> 55+ Senior Independent Living <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Assisted Living	<input type="checkbox"/> 55+ Senior Independent Living <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Assisted Living	<input type="checkbox"/> 55+ Senior Independent Living <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Assisted Living
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
Emergency call buttons or pullcords present?	<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 Manager on Premise?	<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

Maintenance, Renovations & Recent Updates:

Year & Type of Update	Location #____	Location #____	Location #____	Location #____
Electrical				
Plumbing				
Heating				
Roof (full replacement year)				
Roofing material				
Copper Wiring?	<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
100 AMP Or Greater Panels? (If NO, risk is ineligible)	<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
Aluminum Wiring? (If YES, risk is ineligible)	<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
Knob & tube wiring? (If YES, risk is ineligible)	<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
Federal Pacific or Zinsco breakers? (If YES, risk is ineligible)	<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
Fuses? (If YES, risk is ineligible)	<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

Polybutylene plumbing? (If YES, risk is ineligible)	<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
Are there any structural construction or major renovations planned during the year? IF YES please provides full details via email or another document	<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
Please indicate whether the following services are conducted by employees or contractors: -Maintenance staff -Janitorial services -Ice and snow removal	<input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee	<input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee	<input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee	<input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee

Other Recreational Exposures:

	Location # ____	Location # ____	Location # ____	Location # ____
Playgrounds:	<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
Fitness Centers:	<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
Swimming Pools: (if yes, answer below questions)	<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
# of pools				
Are there any diving boards?	<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
Are there any slides?	<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 the pool completely surrounded by building walls or a fence?	<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 the pool area equipped with self-closing and self-latching gates/doors?	<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
Are there lifeguards on duty?	<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 life safety equipment available at the poolside?	<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
Are warning signs and rules posted and clearly visible?	<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
Are depth markers clearly shown around the perimeter of the pool?	<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
Are all pools/spas/hot tubs compliant with the Virginia Graeme Baker Pool & Spa Safety Act?	<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

Safety Information:

	Location # ____	Location # ____	Location # ____	Location # ____
100% Sprinklered?	<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
Smoke Detectors? If Battery, are logs maintained to track replacement at least semi-annually?	<input type="checkbox"/> Hardwired <input type="checkbox"/> Battery <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hardwired <input type="checkbox"/> Battery <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hardwired <input type="checkbox"/> Battery <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hardwired <input type="checkbox"/> Battery <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Central Station Fire Alarm (CSFA)?	<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 recent/outstanding health or fire code violations?	<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
Are fire extinguishers in each unit and/or common areas?	<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 emergency lighting in all common areas, including stairwells?	<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
Are there two means of egress from 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
Maximum of 16 units per fire division?	<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
Exterior cooking appliances (grills, fryers, smokers) prohibited within 10 feet of any building?	<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 building is 10 stories or greater – does building have an audible manually operated alarm that transmits to a CSA, fire/police dept, or a 24 hr doorman/watchman?	<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 building is 10 stories or greater – does building have at least 2 fire towers with UL class B fire doors and completely enclosed interior stairwells with emergency lighting?	<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

Security:

	Location # ____	Location # ____	Location # ____	Location # ____
Is Security provided:	<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
What type:	<input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access Other: _____	<input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access Other: _____	<input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access Other: _____	<input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access Other: _____
If Patrol: Armed or Unarmed?	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed
Days of the week?	_____	_____	_____	_____
24-hour security?	<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
Independent Contractor?	<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 the insured listed as an Additional Insured?	<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 Gated Access: Is the entire complex gated?	<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 there a gate override?	<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

Claim History:

Have there been any assault and battery incidents/claims over the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, please provide hard copy loss runs:	_____
Have there been any water damage claims within the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, please provide hard copy loss runs:	_____
Any knowledge of any other claim(s) in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, please provide hard copy loss runs:	_____

Representation

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.

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.

Insured: _____
Signature: _____
Date: _____

Producer: _____
Signature: _____
Date: _____

PLEASE READ CAREFULLY

GENERAL FRAUD WARNING NOTICE: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.