

## HABITATIONAL SUPPLEMENTAL APPLICATION (APARTMENTS, DWELLINGS AND TOWNHOUSES)

*Please complete a separate application for each location insured.*

**Applicant's Name:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**LOCATION DESCRIPTION**

1. Location Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
2. Years owned by insured: \_\_\_\_\_
3. Number of units: \_\_\_\_\_ Percentage of units occupied: \_\_\_\_\_%
4. Percentage of building occupied by commercial business: \_\_\_\_\_%

**GENERAL INFORMATION**

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 1. Is there any government subsidized housing?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If "Yes," please provide the percentage: _____%   |                          |     |                          |    |
| 2. Any student renters?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Is the building on a historical registry?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Is this a mobile home?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Is this building under renovation other than cosmetic updates due to tenant turnover?        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Any restaurant/commercial cooking in the building?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Any group home occupancies?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Any assisted living, nursing, or elderly care?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Any Airbnb, short term, week to week, time share, seasonal or vacation rentals?              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10. Is the building in a resort location?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11. Are any day care or other home businesses operated on premises?                             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12. Any trampolines?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13. Asbestos Siding?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14. Row Home?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 15. Flat Roof?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 16. Any Wood Burning Stoves?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 17. Are pets allowed?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If "Yes," please provide breed and/or size restrictions? _____                                  |                          |     |                          |    |
| 18. Any fuses, knob & tube, aluminum wiring or Federal Pacific Stab-Lok breakers?               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 19. Any water damage claims within the past three (3) years?                                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If "Yes," has the insured taken protective safeguards to ensure this does not happen again?     |                          |     |                          |    |
|   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If "Yes," please describe: _____  |                          |     |                          |    |
| 20. Have you received any claims for wrongful eviction in the past five (5) years?              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If "Yes," please provide details: _____   |                          |     |                          |    |
| How many of these claims were paid? _____   |                          |     |                          |    |
| 21. Does the insured maintain a written lease agreement with all tenants?                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 22. Are tenants required to maintain an HO4 renters' policy? (Required for 50 units or greater) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**APARTMENT**

- 1. Secondary means of egress from all levels?  Yes  No
- 2. If >3 stories, are interior stairways equipped with self-closing and locking fire doors on each floor?  Yes  No
- 3. Does the insured have a property manager or use a property management company?  Yes  No
- 4. Full-time maintenance staff:  Insured Employees  Subcontracted
- 5. Are units equipped with hardwire smoke detectors with battery back-up interconnected to all rooms?  Yes  No
- 6. Common Areas:
  - Is there emergency lighting in public hallways?  Yes  No
  - Is there exit lighting in public hallways?  Yes  No
  - Are there fire extinguishers?  Yes  No

**DWELLING AND TOWNHOUSES**

- 1. Are there hardwired smoke detectors with battery backup in common areas and bedrooms?  Yes  No

**TOWNHOUSE**

- 1. Are fire walls separating units?  Yes  No

**SWIMMING POOLS**

- 1. Diving Boards?  Yes  No  
If "Yes," provide height: \_\_\_\_\_
- 2. Slides?  Yes  No
- 3. Underwater Lighting?  Yes  No
- 4. Steps in shallow end with handrails?  Yes  No
- 5. Is the pool surrounded by building walls or fence?  Yes  No  
If "Yes," provide height: \_\_\_\_\_
- 6. Are gates or doors opening into the pool area equipped with a self-closing or self-latching device?  Yes  No
- 7. Are the depth markings clearly visible?  Yes  No
- 8. Are warning signs and rules posted and clearly visible?  Yes  No
- 9. Is rescue equipment, including a ring buoy and twelve-foot pole or shepherds hook available poolside?  Yes  No
- 10. Pool maintenance by:  Applicant  Outside Contractor
- 11. Lifeguards provided by:  Applicant  Pool Management Company
- 12. Are all pools compliant with the Virginia Graeme Baker Pool safety act?  Yes  No

**OTHER RECREATIONAL EXPOSURES**

Number of:

- \_\_\_\_\_ Acres of Lakes/Ponds
- \_\_\_\_\_ Baseball Fields
- \_\_\_\_\_ Basketball Courts
- \_\_\_\_\_ Boat Slips
- \_\_\_\_\_ Playgrounds
- \_\_\_\_\_ Racquetball Courts
- \_\_\_\_\_ Tennis Courts
- \_\_\_\_\_ Volleyball Courts
- \_\_\_\_\_ Other, provide description(s): \_\_\_\_\_

**FRAUD WARNINGS**

**Applicable in DE:** 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.

**Applicable in DC and MD:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in PA:** 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.

**Applicable in VA:** 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.

**NOTICE TO APPLICANTS:** THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION. THE SIGNOR WARRANTS THAT TO THE BEST OF THEIR KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

\_\_\_\_\_  
Applicant's Name (type or print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTICE TO PRODUCERS:** THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

\_\_\_\_\_  
Producer's Name (type or print)

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date