

**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  
 CO<sub>2</sub> 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?  
If yes, are Certificates of Insurance on file?  Yes  No
- 25. Are lifeguards provided?  
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