

AFFORDABLE HOUSING SUPPLEMENTAL APPLICATION

Date: _____

Applicants Name: _____

Location Address: _____

Effective Date: _____ FEIN: _____

Inspection Contact: _____ Web Address: _____

For Profit Not For Profit

REQUIREMENTS FOR SUBMISSION

- ACORD Applications
- Currently valued insurance company loss runs for the current policy term plus four years
- Statement of Values
- Color Photos
- Plot Plan

SECTION I - HOUSING

1. Type of Housing / # of units (check all that apply)

Government Subsidized – # of units: _____

Section 42 - # of units: _____

Section 8 - # of units: _____

If tax credit or government subsidized, are procedures in place to verify income? Yes No

If yes, please explain:

Market Rate - # of units: _____

Student - # of units: _____

Disabled or Senior - # of units: _____

If Senior, any Assisted living services? Yes No

If yes, please explain:

Are pull cords or emergency buttons in apartment units? Yes No

If yes, how are they monitored, describe procedure in place:

Are communal dining services provided? Yes No

Transient / Homeless - # of units: _____

Vacant - # of units: _____

2. What is the average occupancy rate? _____

3. What is the average monthly rent? _____

4. Number of evictions in the past 12 months: _____

SECTION II - MANAGEMENT

1. Interest in Property: Owner Manager Year property was first owned or managed: _____
2. Self Managed On site property management firm Off site property management firm
3. If property management firm, is the owner required to be named as Additional Insured? Yes No
4. Primary Insurance provided by: Owner Property Manager

SECTION III - PROPERTY

1. Number of Buildings: _____
2. Type of construction: _____
3. Number of stories: _____
4. % sprinklered: In units? _____% In common areas? _____%
5. Are there firewalls? Yes No
6. Smoke detectors: Battery Hardwired CO
If battery, is there a regular inspection and replacement procedure? Yes No
7. Are extinguishers provided? Yes No
Is there a regular inspection and replacement procedure? Yes No
8. Is the fire alarm: Local Central Station Manual Automatic
9. Is there emergency lighting? Yes No
10. Is there adequate lighting in the parking area? Yes No
11. Is there a guard service provided? Yes No
If yes, please answer the below:
 a. Type of guard service provided: 24 hour Evenings Other: _____
 b. Are the guards: Armed Unarmed
 c. Are the guards: Employees Off Duty Police Independent Contractors * Non-cash compensated security
 *If security service is an independent contractor, please provide a Certificate of Insurance and a fully executed copy of the contract.
12. Are the premises monitored by a closed circuit TV? Yes No
13. Is this a gated community or gated property? Yes No
If yes, please describe access:

14. Describe any fixed security measures in place. (i.e. window security in place, cards, locks, sliding glass doors, etc.).

15. Are incident reports provided to senior management of the property management company for security improvement action plans to be implemented? Yes No
16. What process is followed after a violent incident takes place?

17. Are criminal background checks conducted on all tenants and employees? Yes No
18. Are units re-keyed prior to new tenant leasing? Yes No
19. Is property located in known Flood Zone? Yes No
20. Is property located in known Brush/Wildfire area? Yes No
21. Is property located in close proximity to EQ fault? Yes No
22. Is crime and vandalism in neighborhood? High Medium Low
Are tenants informed of crime and vandalism activity? Yes No

SECTION IV – SERVICES/AMENITIES

1. Are any of the following services provided on site?

- Child Care / After School Yes No
 Is this operated by the Applicant? Yes No
 If yes, please complete the Child Care Center Supplemental Application.
 If no, does Applicant verify insurance and are they named as an Additional Insured on the operator's policy? Yes No
- Social or Community Services? Yes No
 If yes, please describe:

- Medical Services? Yes No
 If yes, please describe:

- Exercise / Weight Room? Yes No
 Exercise Classes? Yes No
 Type of Equipment: Treadmill Free Weights Lifecycle
 Elliptical Other: _____
- Is the room supervised? Yes No
 Are the rules posted? Yes No
 Are the participants required to sign a release or waiver of liability form? Yes No

- Swimming Pools? Inside Outside Jacuzzi/Hot Tubs? Inside Outside
 If outside, are pools completely fenced? Yes No
 What is the height of the fence? _____
 Are there any diving boards? Yes No Number: _____ Height: _____
 Do the pools have self-locking gates? Yes No
 Are pool depths marked in and around the pool area? Yes No
 What are the hours of operation? _____
 Are lifeguards on duty: Employees? Yes No Subcontractors? Yes No
 Is there lifesaving equipment in the pool area? Yes No
 Can the pool be rented out for private parties? Yes No
 How often is the pool water inspected and maintained? _____
 Are all pools and spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
 If no, provide time table and action plan:

- Lakes, Ponds or other bodies of water on the premises? Yes No
 If yes, describe the:
 Length: _____
 Depth: _____
 Acre: _____

- Is the area around the water fenced or roped off? Yes No
 Is swimming permitted? Yes No
- Parks or Playgrounds? Yes No
 Type of ground cover/material? _____
- Basketball Courts? Yes No
 Tennis Courts? Yes No

2. Are there any wood burning stoves or fireplaces? Yes No
3. Is there a common laundry area? Yes No
 How are dryers vented? Yes No
 How often are they checked? _____
 Is the lint removed? Yes No

4. Are dogs allowed with: Tenants? Yes No Employees? Yes No
 If yes, are there written rules and procedures? Yes No
 What is the maximum weight limit? _____
 Are there any breed restrictions? Yes No
 If yes, please explain: _____
5. Are there any balconies on buildings? Wood? Yes No Metal? Yes No
 Is grilling on balconies permitted? Yes No
 How often are balconies inspected? _____
 By whom are they inspected by? _____
 Date of last balcony repair / inspection: _____

SECTION V - MAINTENANCE

1. Is maintenance budgeted and funded? Yes No
 2. Is maintenance: Subcontracted or Maintained by the Applicant? Yes No
 3. If maintained by the Applicant, does the maintenance person live on site? Yes No
 4. Is there a regular maintenance program in place? Yes No
 Please describe: _____

5. Is snow removal: Subcontracted or Employee? Yes No
 If contracted, is Applicant named as an Additional Insured? Yes No
 Does this include roof snow and ice removal? Yes No
6. Roof Type: Asphalt/Composite Shingle Tile Metal
 Wood Shake / Shingle Flat

Age of Roof? _____
 Are roofs inspected annually? Yes No
 By whom are roofs inspected by? _____
 Date of last roof update / inspection: _____

7. Type of Wiring: Copper Aluminum
 If aluminum, it is pigtailed? Yes No Method: _____
 Date of last electrical update / inspection: _____
8. Any PVC Plumbing? Yes No
 Date of last plumbing update / inspection: _____
 Have there been any past plumbing or water damage losses? Yes No
 If yes, please describe: _____

9. Have Asbestos materials been: Determined not to be present Removed Protected to prevent flaking
10. Is there any lead exposure? Yes No
 If yes, has it be remediated? Yes No When? _____

11. Is the exterior of the building covered in dryvit or EIFIS? Yes No
 12. Is there a Central Boiler? Yes No
 13. Is there an elevator? Yes No
 If yes: # of passenger? _____ # of freight? _____
 Date of last elevator update / inspection: _____

14. Does maintenance person routinely walk premises to detect hazards? Yes No
 Are records kept? Yes No
 15. Are tenants required to carry renters insurance? Yes No
 16. Are Certificates of Insurance obtained? Yes No
 17. Are any renovations planned or in progress? Yes No
 If yes, please describe: _____

SECTION VI - WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

1. Fire Protection and Testing
 - a. Is the building provided with an Automatic Fire Sprinkler System (AS)? Yes No N/A
 - i. If yes, approximately what percentage (%) of the building is sprinklered? _____ %
 - ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both
 - iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? Yes No N/A
 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):

 - iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? Yes No N/A
 - v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? Yes No N/A
 2. Emergency Water Response (domestic and AS water lines)
 - a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? Yes No N/A
 - b. Are water shutoff valves exercised (closed and reopened) at least annually? Yes No N/A
 - c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? Yes No N/A
 3. Automatic Water Shutoff Devices
 - a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? Yes No N/A
 4. Unused/Vacant Spaces
 - a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? Yes No N/A
 5. Unheated Areas (attics, crawl spaces, exterior wall joists)
 - a. Are all domestic water lines located in areas heated to at least 45°F? Yes No N/A
 - i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):

6. General Comments:

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN 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 FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN 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.

APPLICABLE IN 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)