

## HABITATIONAL APPLICATION

Applicant's Name	_____
	_____
Mailing Address	_____
	_____
Web site Address	_____

Agency Name	_____
Agent	_____
Address	_____
	_____
E-Mail	_____
Phone	_____

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

**Applicant is:**

- Individual     
  Corporation     
  Partnership     
  Joint Venture  
 Limited Liability Company     
  Other (Specify): \_\_\_\_\_

Is applicant a Real Estate or Property Management company?.....  Yes  No

Number of years in business? \_\_\_\_\_

**Limits Of Liability & Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverage, Restrictions, and/or Endorsements:	\$
Deductible	\$

**A. PROPERTY LOCATIONS**

**Business Name (if applicable), Street Address, City, County, State, Zip Code**

**Loc. No. 1:** \_\_\_\_\_

**Loc. No. 2:** \_\_\_\_\_

**Loc. No. 3:** \_\_\_\_\_

**Loc. No. 4:** \_\_\_\_\_

**Loc. No. 5:** \_\_\_\_\_

**DESCRIPTION OF LOCATIONS**

	<b>Loc. No. 1</b>	<b>Loc. No. 2</b>	<b>Loc. No. 3</b>	<b>Loc. No. 4</b>	<b>Loc. No. 5</b>
Years owned					
Type of occupancy*					
Year built					
No. Stories					
No. Units—total					
No. Buildings					
Total square feet					
Type of roof					
Pool? (see Section C.)					
Manager on premises?					
If occupancy is other than habitational, please describe the occupancy and square footage.					
Monthly rent per unit:					
Apartments: 1 BR					
2 BR					
3 BR					
Other					
Dwellings:					
Percent of units subsidized	%	%	%	%	%
Percent of university or college students as tenants	%	%	%	%	%
Buildings condemned or scheduled for demolition? (Yes or No)					
Subcontracted work—Anticipated cost next twelve (12) months					

\*Use alpha code listed for type of occupancy:

A—Apartment Building

F—Dwelling/three family

B—Garden apartments

G—Dwelling/four family

C—Apartment hotel/timeshare

H—Boarding or rooming house

D—Dwelling/one family

I—Mobile Home

E—Dwelling/two family

1. Are any of the properties assisted living centers? .....  Yes  No
2. Are any of the properties nursing/convalescent homes? .....  Yes  No
3. Are any of the properties senior housing? .....  Yes  No
4. Are any of the properties housing authorities or do they include subsidized housing? .....  Yes  No  
If yes, explain: \_\_\_\_\_
5. Is any dwelling location owner occupied? .....  Yes  No

**B. YEAR OF UPDATES/CURRENT RENOVATIONS**

Type	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Roof					
Plumbing					
Wiring & Electrical					
Paint					
Sidewalks					
Patio balconies/railings					
Parking areas					
<b>Current Renovations:</b>					
Cost of renovation					
Type of renovation					
Certificates for sub contractors on file? (Yes or No)					

**C. SWIMMING POOL(S)**

Number of pools: \_\_\_\_\_ Location number for pools: \_\_\_\_\_

	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Number of diving boards					
Height of diving boards					
Number of slides					
Height of slides					
Pool maintained by applicant or outside contractor?					
If outside contractor, are certificates of insurance on file? (Yes or No)					
Pool completely surrounded by building walls or fence? (Yes or No)					
Height of fence					
Equipped with self-closing and self-latching gates/doors? (Yes or No)					
Lifeguards provided? (Yes or No)					
If yes, by Applicant or Pool Management Company?					

	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
If outside contractor, are certificates of insurance on file? (Yes or No)					
Underwater lighting? (Yes or No)					
Steps into shallow end with handrails? (Yes or No)					
Ladder at deep end with handrails? (Yes or No)					
Depth of pool markings clearly visible? (Yes or No)					
Warning signs and rules posted? (Yes or No)					
Life-safety equipment available at poolside? (Yes or No)					
Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? (Yes or No)					

**D. MAINTENANCE**

1. Who performs:

Janitorial operations? .....  Contractor  Employee

Lawn care operations? .....  Contractor  Employee

Snow removal operations? .....  Contractor  Employee

If done by outside contractor:

Are certificates of insurance on file? .....  Yes  No

Is the applicant named as additional insured on their policy? .....  Yes  No

2. Who is responsible for upkeep of sidewalks and driveways? \_\_\_\_\_

**E. FIRE PROTECTION**

1. Sprinklered? .....  Yes  No

All units? .....  Yes  No

Common areas only? .....  Yes  No

2. Smoke detectors in each unit? .....  Yes  No

If yes: Hard-wire or battery? \_\_\_\_\_ How often checked? \_\_\_\_\_

3. Fire extinguishers? .....  Yes  No

In common areas? .....  Yes  No

In each unit? .....  Yes  No

4. Number of units per fire division: ..... \_\_\_\_\_

**F. SECURITY**

**Completion of Section F. SECURITY not required for dwelling or boarding/rooming house occupancies.**

1. Master keys and locks:

a. How does management handle the monitoring of master keys? \_\_\_\_\_

b. How are locks handled upon vacancy of residents? .....  Re-keyed  Changed completely

**2. Criminal incidents:**

- a. Does management advise residents of all criminal activity that has taken place upon the properties? .....  Yes  No  
 How is this done? \_\_\_\_\_
- b. Is this information provided to prospective renters if requested? .....  Yes  No

**3. Do the residents' doors or windows contain any of the following?**

	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Dead bolts? (Yes or No)					
Lock pins for windows and sliding glass doors? (Yes or No)					
Door Viewer or Peephole in front doors? (Yes or No)					
Window locks/bars? (Yes or No)					

- 4. Is security provided?** .....  Yes  No  
 If yes, what type?  Gated access  Patrol  Security alarm systems

**If patrol, please answer the following questions:**

	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Number of armed guards					
Number of unarmed guards					
Guards employees of the management or independent contractors?					
If independent contractors, are certificates of insurance required? (Yes or No)					
Applicant named as additional insured on their policy? (Yes or No)					
Security twenty-four (24) hours? (Yes or No)					
Guards responsible for residents' safety or complex and amenities? (Yes or No)					

**If gated, please answer the following questions:**

	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Entire apartment complex gated? (Yes or No)					
Access obtained by guard at gate, card or security code?					
Who is given access?					
If the gate is card or security code access, how often is maintenance done on the gate?					
What procedure is in place if gate is not working?					

If security alarm systems are provided, please answer the following questions:

	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Alarm systems in every unit? (Yes or No)					
Residents shown how to operate the alarm systems? (Yes or No)					
Who monitors the alarms?					

**G. OTHER EXPOSURES**

**Number of:** Baseball field(s) \_\_\_\_\_ Lakes/Ponds (acres) \_\_\_\_\_ Shuffleboard court(s) \_\_\_\_\_  
 Basketball court(s) \_\_\_\_\_ Parks (acres) \_\_\_\_\_ Spa/Hot tub(s) \_\_\_\_\_  
 Bathing Beaches \_\_\_\_\_ Playground(s) \_\_\_\_\_ Stables \_\_\_\_\_  
 Bike trails (miles) \_\_\_\_\_ Racquetball court(s) \_\_\_\_\_ Streets/Roads (miles) \_\_\_\_\_  
 Boat docks/slips \_\_\_\_\_ Saunas \_\_\_\_\_ Tennis court(s) \_\_\_\_\_  
 Clubhouse (sq. ft.) \_\_\_\_\_ Shooting Ranges \_\_\_\_\_ Volleyball court(s) \_\_\_\_\_  
 Other: \_\_\_\_\_

Are these available to nonresidents for a fee? .....  Yes  No  
 If yes, annual receipts: \_\_\_\_\_

**H. During the past three years, has any company canceled, declined or refused similar insurance to the applicant** (Not applicable in Missouri)? .....  Yes  No  
 If yes, explain: \_\_\_\_\_

**I. Any prior losses due to mold?** .....  Yes  No  
 If yes, has mold been completely remediated? .....  Yes  No

**J. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_

**K. Does applicant have other business ventures for which coverage is not requested?** .....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_

**L. Any construction or remodeling operations for conversion to condominiums and/or townhouses?** .....  Yes  No

**M. Prior Carrier Information**

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Coverage					
Total Premium					

**N. Loss History—Five Year Period**

Check if no losses in the last five years.

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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.

**FRAUD WARNING:** 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. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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 the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**FRAUD WARNING (Applicable in 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Agent Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please select your option below: