

Agent Name \_\_\_\_\_  
 and Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Habitational Supplemental Application

### General Information

Proposed Effective Date \_\_\_\_\_  
 Applicant Name (Legal) \_\_\_\_\_ Applicant Name (DBA) \_\_\_\_\_  
 Web Address \_\_\_\_\_ Phone \_\_\_\_\_

Number of years experience \_\_\_\_\_  
 Number of years the business has been in this location \_\_\_\_\_  
 Number of years the applicant has owned this business \_\_\_\_\_  Check if New Venture  
 Hours of Operation From \_\_\_\_\_ To \_\_\_\_\_ Number of days business is open per week \_\_\_\_\_

Have you owned another business under a different name or entity?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Do you own any other businesses or have any other locations?  Yes  No  
 If yes, please explain: \_\_\_\_\_

### Property Locations

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### Fire Protection

1. Sprinklered?  Yes  No  
    All units?  Yes  No  
    Common areas only?  Yes  No
2. Smoke detectors in each hallway?  Yes  No Hard wired or battery? \_\_\_\_\_  
    Hallway leading to bedroom?  Yes  No
3. Fire Extinguishers in common areas?  Yes  No  
    In each unit?  Yes  No  
    Annual contract for inspection?  Yes  No
4. Carbon Monoxide detector in each unit?  Yes  No Hard wired or battery? \_\_\_\_\_
5. How many feet between buildings? \_\_\_\_\_

**Security**

1. Is security provided?  Yes  No  
 . If yes, what type?  Patrol  Gated access  Alarm systems  
 If patrol provided please answer the following questions.  N/A  
 a.  Armed or  Unarmed  
 b.  Independent contractor or  Employee  
 c. If sub-contracted - what is payroll? \_\_\_\_\_  
 d. Days of week? \_\_\_\_\_  
 e. 24 hour security?  Yes  No  
 2. Is the premises including all parking areas lighted?  Yes  No  
 3. Is there functioning video surveillance?  Yes  No  
 4. Are their Peep holes in each unit door?  Yes  No  
 5. Are their Dead bolts in each unit door?  Yes  No

**Renovations / Updates**

<b>Year and type of update</b>	<b>Loc #1</b>	<b>Loc #2</b>	<b>Loc #3</b>	<b>Loc #4</b>	<b>Loc #5</b>	<b>Loc #6</b>
<b>Roof</b>						
<b>Plumbing</b>						
<b>HVAC</b>						
<b>Electric</b>						
<b>Other, Please list:</b>						

**Description of Locations**

	<b>Loc #1</b>	<b>Loc #2</b>	<b>Loc #3</b>	<b>Loc #4</b>	<b>Loc #5</b>	<b>Loc #6</b>
* Type of occupancy						
<b>* Use alpha code listed below for type of occupancy:</b>						
<i>A - Apartment</i>	<i>D - Dwelling / One Family</i>		<i>G - Dwelling / Four Family</i>		<i>J - Motel</i>	
<i>B - Garden apartment</i>	<i>E - Dwelling / Two Family</i>		<i>H - Boarding or rooming house</i>		<i>K - Hotel</i>	
<i>C - Apartment-hotel or time share</i>	<i>F - Dwelling / Three Family</i>		<i>I - Fraternity or Sorority house</i>		<i>L - Condominium</i>	
<b>Type of construction</b>						
<b>Year built</b>						
<b>Number of stories</b>						
<b>Number of total units</b>						
<b>Number of buildings</b>						
<b>Total square feet</b>						
<b>Manager on premises?</b>						
<b>Monthly rent:</b>						
<b>% of units occupied</b>						
<b>% of units subsidized</b>						
<b>% student renters</b>						
<b>Wiring Cooper (or) Aluminum?</b>						
<b>If Aluminum - single or multi-strand?</b>						

- continued -

Loc #1

Loc #2

Loc #3

Loc #4

Loc #5

Loc #6

Fire walls separating buildings?						
Any wood shake shingle roofs?						
Type of heating system?						
Any space or portable heating? UL Listed?						
Any wood burning stoves or fireplaces?						
If yes last time inspected / cleaned?						
Is location on Historical Register?						
Any car ports?						
Any fences?						
Protection class						
Is building a retirement/elderly facility?						
If yes, any medical assistance offered?						
If yes, any medical pull cords or buttons?						
Is building an assisted living facility?						
If > 3 stories are int. stairways equipped with self closing/locking fire doors?						

**Questions**

1. Any water damage claims in the last 3 years?  Yes  No  
If yes, please describe safeguards that have been taken to prevent future losses? \_\_\_\_\_  
\_\_\_\_\_
2. Any claims for wrongful eviction in the past 5 years?  Yes  No  
If yes, please provide details and advise how many claims were paid: \_\_\_\_\_  
\_\_\_\_\_
3. Any of your properties subject to rent control laws?  Yes  No
4. Do you provide baby sitting or child care services?  Yes  No
5. Any assault & battery incidents/claims on this property?  Yes  No  
If yes, please provide details and advise how many claims were paid: \_\_\_\_\_  
\_\_\_\_\_
6. Are more than 10 units long term rentals (greater than 30 days)?  Yes  No
7. What procedures are in place for repair/replacement of broken windows, patio doors, door locks, etc.? \_\_\_\_\_  
\_\_\_\_\_
8. Is there full time maintenance staff on premises or is the work subcontracted out? \_\_\_\_\_  
\_\_\_\_\_
9. Is there pest control contract?  Yes  No  
If yes, please provide how often they are preformed: \_\_\_\_\_
10. Have there been any bed bug incidents/claims on this property?  Yes  No

11. Are there stairs on the property?  Yes  No

a. Exterior or interior or both? \_\_\_\_\_

b. Condition of stairs? \_\_\_\_\_

c. Do stairs have slip resistant materials across length of stairs?  Yes  No

If No, please describe stair covering (carpet, wood, etc.?) \_\_\_\_\_

d. Are handrails on all stairs and balconies?  Yes  No

What is the height of the handrails? \_\_\_\_\_

12. Any elevators?  Yes  No

If yes, please provide details of maintenance contract: \_\_\_\_\_

13. Do all bathtubs have non-slip surfaces and grab bars?  Yes  No

### Swimming pools

1. Does premises have a swimming pool?  Yes  No

a. Diving board?  Yes  No Give height and construction \_\_\_\_\_

b. Slides?  Yes  No Give height and construction \_\_\_\_\_

c. Platforms?  Yes  No Give height and construction \_\_\_\_\_

d. Gates and doors self latching?  Yes  No

e. Is pool fenced?  Yes  No Give height and construction \_\_\_\_\_

f. Are depths clearly marked?  Yes  No

g. Is there a lifeguard on duty?  Yes  No If No, please describe any rescue equipment provided: \_\_\_\_\_

h. Are signs posted regarding rules?  Yes  No If yes, advise wording of signs \_\_\_\_\_

i. Is rescue equipment, including a ring buoy and shepherd's hook available at pool side?  Yes  No

### Other Recreational Exposures

1. Number of:

Playgrounds \_\_\_\_\_ Tennis courts \_\_\_\_\_ Volleyball courts \_\_\_\_\_ Acres of lakes/ponds \_\_\_\_\_

Baseball fields \_\_\_\_\_ Racquetball courts \_\_\_\_\_ Basketball courts \_\_\_\_\_

2. Exercise or weight rooms?  Yes  No

If yes, total square footage \_\_\_\_\_

3. Other, please describe: \_\_\_\_\_

**FRAUD NOTICE**

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.

**STATE SPECIFIC PROVISION**

**Ohio** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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.

**West Virginia** 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.

**I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE**

**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.**

Applicant \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Producer \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_