

## 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hard wired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Battery: <input type="checkbox"/> Yes <input type="checkbox"/> No
CO <sub>2</sub> Detectors: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hard wired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Battery: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Wiring: _____	If Aluminum wiring, was it updated? <input type="checkbox"/> Yes <input type="checkbox"/> 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? ☐ Yes ☐ No  
If yes, are Certificates of Insurance on file? ☐ Yes ☐ No  
25. Are lifeguards provided? ☐ Yes ☐ No  
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