



HABITATIONAL SUPPLEMENTAL APPLICATION

Apartments, Apartment-Hotels, Hotels and Motels

(Complete in addition to the ACORD Application)

1. NAME OF APPLICANT: _____
2. PROPOSED POLICY PERIOD: _____ TO _____
3. LOCATION ADDRESS: _____
4. NUMBER OF YEARS THE FACILITY OWNED BY THE INSURED: _____
5. DOES OWNER/MANAGER LIVE ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO

GENERAL INFORMATION

6. # OF STORIES: _____	7. \$ ANNUAL RECEIPTS: _____	8. TOTAL # OF UNITS: _____	9. # VACANT UNITS: _____
10. CONSTRUCTION TYPE: _____		11. YEAR BUILT: _____	
12. IF OVER 30 YEARS OLD, WHEN WERE THE FOLLOWING UPDATES PERFORMED? HEATING: _____ ELECTRICAL: _____ PLUMBING: _____ ROOF: _____			
13. ARE COOKING FACILITIES PROVIDED IN ROOMS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NUMBER OF ROOMS: _____			
14. CRIME RATING OF THE ZIP CODE COVERING THE LOCATION: _____			

FIRE AND LIFE SAFETY/SECURITY (MANDATORY)

15. ARE THERE HEAT AND SMOKE DETECTORS IN ALL ROOMS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE: _____
16. ARE THERE FIRE EXTINGUISHERS ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO
17. DO YOU CHANGE INDIVIDUAL UNIT DOOR LOCKS IMMEDIATELY UPON TERMINATION OF A LEASE OR EVICTION OF A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
18. IF OUTSIDE SECURITY GUARD SERVICE, ARE CERTIFICATES OF INSURANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
19. IS THERE TWO MEANS OF EGRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO

FIRE AND LIFE SAFETY/SECURITY (SUGGESTED)

20. IS THERE A CENTRAL STATION FIRE ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. ARE HALLWAYS AND STAIRWELLS <input type="checkbox"/> OPEN OR <input type="checkbox"/> CLOSED? NUMBER OF EXITS: _____	
22. ARE SLIDING DOORS EQUIPPED WITH ADDITIONAL LOCKS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
23. ARE THERE DEAD BOLTS ON INDIVIDUAL UNIT ENTRY DOORS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
24. DO INDIVIDUAL UNIT DOORS HAVE WIDE ANGLE ONE-WAY PEEPHOLES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
25. ARE THERE FENCES SURROUNDING THE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
26. DOES COMPLEX DIRECTLY EMPLOY SECURITY GUARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	25. ARMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
27. ARE THERE PERIODIC, UNSCHEDULED PATROLS OF THE PARKING AREA, ENTRANCES AND HALLWAYS OF ALL BUILDINGS BY STAFF? <input type="checkbox"/> YES <input type="checkbox"/> NO	
28. HAVE YOU HAD ANY ASSAULT OR BATTERY INCIDENTS WITHIN THE PAST 3 YEARS AT THIS LOCATION, OR ANY OTHER LOCATION OWNED OR MANAGED BY, OR IN WHICH YOU HAVE AN OWNERSHIP INTEREST? (THIS WOULD INCLUDE POLICE CALLS TO THE PREMISES.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF THE ANSWER TO THE ABOVE QUESTION IS YES, PLEASE ADVISE THE LOCATION ADDRESS, MONTH/YEAR THE INCIDENT OCCURRED, AND THE NATURE OF THE INCIDENT AND INJURIES IN THE COMMENT SECTION BELOW.	



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RECREATIONAL FACILITIES

29. DESCRIBE ANY PLAYGROUND EQUIPMENT (I.E. FENCED, INSTALLED PER SPECS, CONDITION, GROUND COVER, ETC.):	
30. DESCRIBE ANY EXERCISE FACILITIES (I.E. TYPES OF EQUIPMENT, AND SAFETY REQUIREMENTS):	
31. DESCRIBE ANY OUTSIDE RECREATION (I.E. TENNIS/HANDBALL COURTS, BOATING, HORSEBACK RIDING, TRAILS, ETC.):	
32. SWIMMING POOLS: NUMBER OF POOLS: _____ ARE RULES POSTED? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE POOL(S) FENCED? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE GATE(S) SELF CLOSING AND LOCKING? <input type="checkbox"/> YES <input type="checkbox"/> NO IN COMPLIANCE WITH ANY FEDERAL, STATE OR LOCAL REGULATIONS REGARDING POOLS OR SPAS, INCLUDING DRAIN SAFETY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY DIVING BOARD(S) OVER ONE METER IN HEIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____ ANY LIFEGUARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO SLIDING BOARD(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO DEPTH MARKERS? <input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER

33. AVERAGE RENT	1 BR: _____	2 BR: _____	3 BR: _____	
34. SQUARE FOOTAGE TOTAL: _____	1 BR: _____	2 BR: _____	3 BR: _____	OTHER: _____
35. MINIMUM LEASE TERM: _____				
36. % OF UNITS WITH LEASES: _____				
37. % OF UNITS WITH DAILY RENTAL: _____				
38. DOES LEASE/RENTAL AGREEMENT MAKE ANY WARRANTY WITH REGARD TO SECURITY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
39. ARE LEASING AGENTS/EMPLOYEES INSTRUCTED TO ADVISE TENANTS/PROSPECTIVE TENANTS TO CALL 911 IN CASE OF EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
40. ARE BATHROOMS LOCATED IN EACH UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
41. IS MAID SERVICE PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
42. # OF HUD UNITS: _____ % RENTED TO STUDENTS: _____				
43. ARE THERE ANY ELDERLY OCCUPANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, %: _____				
IS THIS A 65 OR OLDER COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO ANY PULL CORDS ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO ANY GROUP DINING? <input type="checkbox"/> YES <input type="checkbox"/> NO ANY MEDICAL STAFF? <input type="checkbox"/> YES <input type="checkbox"/> NO ANY PANIC BUTTONS ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
44. DOES THE INSURED PROVIDE TRANSPORTATION FOR ANY RESIDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
45. ARE THERE GROUP ACTIVITIES ORGANIZED BY THE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO				

LOSS HISTORY

DESCRIBE ALL LOSSES IN THE PAST 3 YEARS:
HAS APPLICANT EVER BEEN CANCELED OR NON-RENEWED IN THE PAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS: _____



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SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 FL

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 (of the third degree).

Applicable in KS

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 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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OK

WARNING: 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 (of the third degree).

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Other States:

WARNING: 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 may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.



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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email