

## **Habitational**

## **Supplemental Application**

## **Peace of Mind Starts Here.**

(Complete in addition to ACORD)

Mailing Address:  City:	1.	Name of Applicant:				
Website Address:  2. Proposed Policy Period: From:						
2. Proposed Policy Period: From:		City:Sta	te:Zip:			
3. Applicant is:   Individual   Corporation   Partnership   Joint Venture   Other Describe:   4. Property Location:   5. Identify Occupancy: Apartments, 1-4 Family Dwellings, Condominium Association):   6. Indicate if: Assisted Living   Student   Subsidized   Co-Op   Condo Conversion   6. Foreclosure   Distressed Property   Vacant   Boarding Houses   Resort   Beach front   6. Are there any commercial tenants?   Yes   No   6. Are there any commercial tenants?   Yes   No   7. Are they required to carry their own Commercial General Liability coverage?   Yes   No   8. Is this property Owned or Managed?   Owned   Managed   8. Is this property Owned or Managed?   Owned   Managed   8. Is this property Owned or Managed?   Owned   Managed   8. Is the Manager on the premises?   Yes   No   9. Provide the name and phone number of the Management Contact:   9. 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   10. Are there emergency pull cords located in the units?   Yes   No   11. Are there emergency pull cords located in the units?   Yes   No   12. Types of Systems:   Last date maintained?   13. Age of Roof?   Type of Roof?   14. Each Unit equipped with:   15. Moke Detectors:   Yes   No   Hard wired:   Yes   No   Battery:   Yes   No   16. Do the entrances and exits have gates?   No   Battery:   Yes   No   16. Do the entrances and exits have gates?   No   Sultanium wiring, was it updated?   Yes   No   16. Do the entrances and exits have gates?   Swimming Pools with diving boards or slides are ineligible for SafePoint   # of Diving Boards   Type   No   18. Indicate   Type   No   No   No   No   No   No   No   N		Website Address:				
4. Property Location:  OCCUPANCY INFORMATION:  5. Identify Occupancy: Apartments, 1-4 Family Dwellings, Condominium Association):     Indicate if: Assisted LivingStudentSubsidizedCo-OpCondo ConversionForeclosureDistressed PropertyVacantBoarding HousesResortBeach front	2.	. Proposed Policy Period: From:To:	12:01 Al	M Standard time		
4. Property Location:  OCCUPANCY INFORMATION:  5. Identify Occupancy: Apartments, 1-4 Family Dwellings, Condominium Association): Indicate if: Assisted Living Student Subsidized Co-Op Condo Conversion   Foreclosure Distressed Property Vacant Boarding Houses Resort Beach front 6. Are there any commercial tenants?   yes No If so, provide square footage:   Describe their operations:	3.	Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other Describe:				
5. Identify Occupancy: Apartments, 1- 4 Family Dwellings, Condominium Association): Indicate if: Assisted Living	4.					
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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?   Owned   Managed   Is the Manager on the premises?   Owned   Managed   Is the Manager on the premises?   Owned   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     If yes, is the system maintained and serviced on an annual basis?   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?     A/C   Last date maintained?     Plumbing   Last date maintained?     13. Age of Roof?   Type of Roof?     14. Each Unit equipped with:     Smoke Detectors:   Yes   No   Hard wired:   Yes   No   Battery:   Yes   No     Type of Wiring:   If Aluminum wiring, was it updated?   Yes   No     15. Is the entire complex fenced?   General Liability coverage?   General Liability   General Liabi	•					
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   Sthe Manager on the premises?   Yes   No Provide the name and phone number of the Management Contact:  Contact Name:   Contact Phone:   C	б.	·		∐ Yes ∐ No		
7. Are they required to carry their own Commercial General Liability coverage?   Yes   No   8. Is this property Owned or Managed?   Owned   Managed   St the Manager on the premises?   Yes   No   Provide the name and phone number of the Management Contact:  Contact Name:   Contact Phone:   Contact Phone:    BUILDING INFORMATION:   4 of Stories:   4 of Units:   4 of Buildings   10. Are the buildings equipped with a sprinkler system?   Yes   No   Full   Partial     If yes, is the system maintained and serviced on an annual basis?   Yes   No     If yes, who does the monitoring?   12. Types of Systems:   Heating   Last date maintained?     A/C   Last date maintained?		If so, provide square footage:				
8. Is this property Owned or Managed?		Describe their operations:				
Is the Manager on the premises?	7.	Are they required to carry their own Commercial General Lia	bility coverage?	☐ Yes ☐ No		
Provide the name and phone number of the Management Contact:  Contact Name:	8.		aged			
Contact Name:		Is the Manager on the premises?		☐ Yes ☐ No		
BUILDING INFORMATION:  9. Year BuiltYear Purchased by the Insured: # of Stories: # of Units: # of Buildings		Provide the name and phone number of the Management C	Contact:			
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If yes, is the system maintained and serviced on an annual basis?YesNo	9.	Year Built# of Units:# of Buildings				
11. Are there emergency pull cords located in the units?    If yes, who does the monitoring?	10.	. Are the buildings equipped with a sprinkler system?				
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13. Age of Roof?		Plumbing	Last date maintained	d?		
14. Each Unit equipped with:  Smoke Detectors:	13.					
Smoke Detectors:						
CO2 Detectors:			☐ Yes ☐ No Batter	y: ☐ Yes ☐ No		
Type of Wiring: If Aluminum wiring, was it updated?				y: ☐ Yes ☐ No		
16. Do the entrances and exits have gates?			_ If Aluminum wiring, was it update	ed? ☐ Yes ☐ No		
SWIMMING POOLS / RECREATIONAL AREAS:  17. # of Pools     # of Diving Boards     # of Slides  18. Are the pools/Spas in compliance with the Virginia Graeme Baker Pool and Spa Act?	15.	. Is the entire complex fenced?		☐ Yes ☐ No		
<ul> <li>17. # of Pools</li></ul>		·		☐ Yes ☐ No		
# of Diving Boards Swimming Pools with diving boards or slides are ineligible for SafePoint # of Slides  18. Are the pools/Spas in compliance with the Virginia Graeme Baker Pool and Spa Act?	SWI	/IMMING POOLS / RECREATIONAL AREAS:				
# of Slides  18. Are the pools/Spas in compliance with the Virginia Graeme Baker Pool and Spa Act?	17.					
18. Are the pools/Spas in compliance with the Virginia Graeme Baker Pool and Spa Act? ☐ Yes ☐ No		# of Diving Boards Swimming Pools with diving boards or slides are ineligible for SafePoint				
·		# of Slides				
19. Is the pool fenced in? ☐ Yes ☐ No	18.	. Are the pools/Spas in compliance with the Virginia Graeme I	Baker Pool and Spa Act?	☐ Yes ☐ No		
	19.	. Is the pool fenced in?		☐ Yes ☐ No		

	Are gates equipped with self-latching devices and child-proof? Clear depth markings?	☐ Yes ☐ No ☐ Yes ☐ No
	Are rules and warnings signs posted?	Yes No
	Is there rescue equipment available poolside?	☐ Yes ☐ No
	Is pool maintenance contracted out?	Yes No
	If yes, are Certificates of Insurance on file?	☐ Yes ☐ No
25.	Warning Signs prohibiting unattended children posted in pool and recreational areas?	Yes No
	Certificates of Liability obtained from all third-party vendors performing work on site?	☐ Yes ☐ No
27.	Beaches/Lakes/Ponds (Risks with beaches are ineligible for SafePoint)	☐ Yes ☐ No
	If yes, please describe:	
28.	Clubhouse	☐ Yes ☐ No
29.	Parks or Athletic Fields	☐ Yes ☐ No
30.	Volleyball or Tennis Courts	☐ Yes ☐ No
31.	Fitness Center	☐ Yes ☐ No
32.	Dock, Pier or Boat Slips	☐ Yes ☐ No
	If yes, please describe:	
33.	Tanning beds (Ineligible for SafePoint)	☐ Yes ☐ No
	Playground equipment	☐ Yes ☐ No
	Is there a Day Care located in the complex?	☐ Yes ☐ No
	Are there guidelines regarding pets? Are aggressive breeds prohibited in contracts?	☐ Yes ☐ No
	CURITY:	
	you provide Security Guards?	☐ Yes ☐ No
	Armed or unarmed?	
	Days/Hours of Patrol:	
	Are they employees?	☐ Yes ☐ No
	If subcontracted, do they name you as an Additional Insured with PNC wording?	☐ Yes ☐ No
	Are there Certificates of Insurance maintained 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
MAI	NTENANCE:	
40.	Are there written procedures for inspections of your premises?	☐ Yes ☐ No
If so	p, 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
	Are tenants/unit owners provided with 24 Hour Emergency Contact Information for after hours? Yes	□No
	Applicant's Signature Date	
	Title Producing Agent	

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