

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, 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: _____
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
 If yes, is the system maintained and serviced on an annual basis? Yes No
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: Yes No Hard wired: Yes No Battery: Yes No
 CO₂ 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? Yes No
16. Do the entrances and exits have gates? Yes No

SWIMMING POOLS / RECREATIONAL AREAS:

17. # of Pools _____
 # 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? Yes No
19. Is the pool fenced in? Yes No

20. Are gates equipped with self-latching devices and child-proof? 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?
If yes, are Certificates of Insurance on file? Yes No
25. Warning Signs prohibiting unattended children posted in pool and recreational areas? Yes No
26. 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
34. Playground equipment Yes No
35. Is there a Day Care located in the complex? Yes No
36. Are there guidelines regarding pets? Are aggressive breeds prohibited in contracts? Yes No

SECURITY:

- 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 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

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
- Are tenants/unit owners provided with 24 Hour Emergency Contact Information for after hours? Yes No

Applicant's Signature Date

Title Producing Agent